Advancing the Care of Pregnant and Parenting Women With Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance

CONTENTS

Acknowledgments

This report was prepared for the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), by JBS International, Inc., under contract number HHSS283200700003I/HHSS28342007T. Melinda Campopiano von Klimo, MD, Medical Officer, Division of Pharmacologic Therapies (DPT), CSAT, SAMHSA, HHS, served as the primary medical advisor; LCDR Brandon T. Johnson, MBA, Regulatory Compliance Officer, DPT, CSAT, SAMHSA, HHS, and CDR Sidney Hairston, MSN, RN Public Health Advisor, DPT, CSAT, SAMHSA, HHS, served as the Contracting Officer's Representatives.

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This publication, Docket No. SAMHSA-2016-0002, may be downloaded from http://www.regulations.gov. The Federal Register Notice serves as the executive summary for this report.

Recommended Citation

Substance Abuse and Mental Health Services Administration, Advancing the Care of Pregnant and Parenting Women With Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.

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CHAPTER I. INTRODUCTION

BACKGROUND

Opioid use disorder[1] is a chronic disease with potential serious negative consequences for the individual, the family, and society as a whole. In 2014, 4.3 million people used opioid pain medications for nonmedical reasons, and approximately 435,000 people 12 years of age or older used heroin (Center for Behavioral Health Statistics and Quality, 2015). Prenatal maternal opioid use increased from 2000 to 2009 from 1.19 to 5.63 per 1,000 hospital births per year (Patrick et al., 2012). From 2009 to 2012 the incidence of neonatal abstinence syndrome (NAS), a withdrawal syndrome found frequently in newborns following prenatal exposure to opioids, significantly increased from 3.4 to 5.8 per 1,000 hospital births per year, a nearly twofold increase (Patrick, Davis, Lehmann, & Cooper, 2015). The need to treat individuals with opioid use disorder has exceeded treatment capacity each year. The number of people needing treatment has increased from 634.1 per 100,000 in 2003 to 891.8 per 100,000 in 2012 (Jones et al., 2015).

Opioid use disorder is associated with higher rates of HIV and hepatitis C infection, overdose, and trauma. Opioid use disorder with medication-assisted treatment (MAT) can reduce the risk behaviors associated with these problems (Degenhardt et al., 2009; Gowing, Hickman, & Degenhardt, 2013; Lepere et al., 2001; Marsch, L. 1998; Soyka et al., 2012; Tsui et al., 2014). Without treatment, women with opioid use disorder who become pregnant face increased risks of preterm delivery and low birth weight (Binder and Vavrinková, 2008). Mothers who inject drugs are at risk of transmitting HIV and hepatitis C to infants (Fiore et al., 2004; Resti et al., 2002). Parenting women with opioid use disorder must meet the needs of an infant with opioid exposure and possibly NAS often while coping with unstable housing, limited income, and few social supports (Fraser, Barnes, Biggs, & Kain, 2007), and other children in the household may be impacted. In homes where alcohol and substance use is ongoing, there is a higher risk of domestic violence and other crime that, in some cases, increases the risk of injury or death to a child (Huxley and Foulger, 2008). Despite the longstanding scientific consensus that opioid use disorder is a chronic brain disease, legal and policy barriers based on criminalization of drug use are often barriers to treatment and prenatal care for both women and healthcare providers. The consequences of untreated opioid use disorder in pregnant and parenting women underscore the urgent need to provide clinicians with clear, practical, and concrete guidance on the optimal strategies to identify and intervene for both mother and child. Such guidance must include the management of NAS, a treatable medical condition, based on existing research evidence as well as clinical experiences deemed appropriate and applicable for a variety of settings.

It is important to note that although there are guidelines that are global (World Health Organization [WHO], 2014), country-specific (e.g., Canada, Norway), and state-specific (e.g., North Carolina, Vermont), the United States does not have comprehensive national guidance for the optimal management of pregnant and parenting women with opioid use disorder and their infants, although recently the Centers for Disease Control and Prevention released prescriber guidelines that address pain management for this population (Dowell, et al., 2016). In 2015, the American Society for Addiction Medicine (ASAM) published "National Practice Guideline for

[1] The current *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) definition of opioid use disorder (American Psychiatric Association, 2013) is in use throughout this document.

the Use of Medications in the Treatment of Addiction Involving Opioid Use" that contains a chapter on MAT with pregnant women who have opioid use disorder (ASAM, 2015). The results of the process reported in this document focused exclusively and in depth on the population of pregnant and parenting women with opioid use disorder. The ultimate goal has been to produce a patient-focused clinical guide that considers the maternal–fetal and maternal–infant dyad as a unit and is comprehensive enough to be useful in daily clinical practice. This process and the findings made maximum use of existing guidelines to avoid replicating work already completed and, as expected, are consistent with the few established recommendations that exist for professionals caring for pregnant and parenting women with opioid use disorder and their children.

One of the principal challenges to developing guidance for the management of pregnant and parenting women with opioid use disorder and their infants is the absence of placebo-controlled trials in this population. The evidence that does exist is largely limited to small comparative outcome trials, prospective observational studies, and meta-analyses. The medical, psychiatric, and social complexity of the population makes application of efficacious interventions far from straightforward. An additional challenge in the field of opioid use treatment has been to identify valid outcome measures for MAT. Moreover, both opioid use disorder and its treatment are subject to misunderstanding and bias on the part of both professionals and the public. Add to this the enormous social and legal complexities associated with opioid use in general, and more specifically in pregnancy, and it is no longer surprising that a comprehensive national guidance has not yet been produced.

THIS REPORT

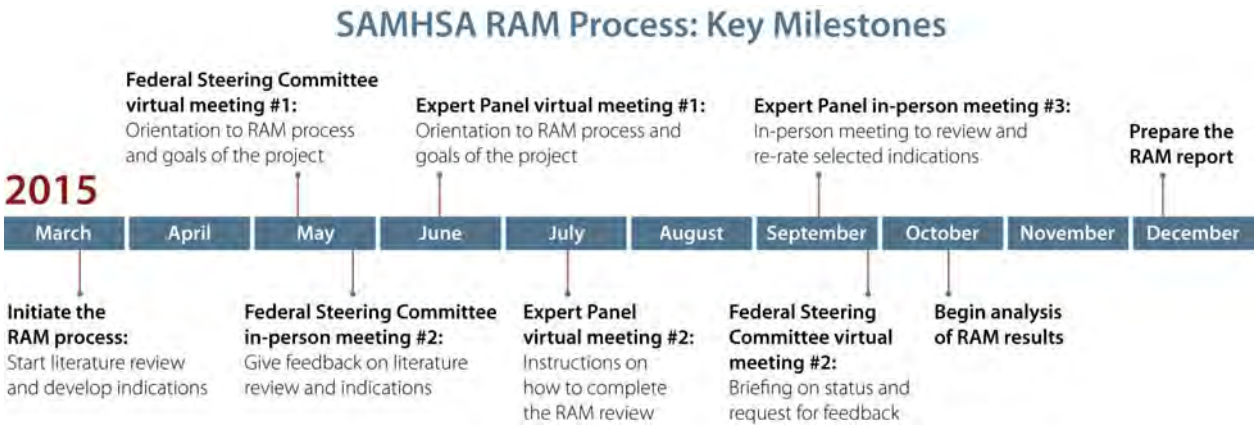
SAMHSA, with oversight by a steering committee of 13 other federal agencies and offices, has undertaken to develop a critically needed document: a clinical guide (hereafter referred to as the guide) that will inform health providers' decisions regarding the evaluation, care, and treatment of pregnant and parenting women with opioid use disorder and their opioid-exposed infants.

Agencies and Offices Participating in the Federal Steering Committee

- Assistant Secretary for Planning and Evaluation (ASPE)
- Bureau of Prisons (BOP)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Department of Defense (DOD)
- Department of Veterans Affairs (VA)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institute on Drug Abuse (NIDA)
- Office of the Assistant Secretary for Health (OASH)
- Office of National Drug Control Policy-the White House (ONDCP)
- Office of Women's Health, U.S. Department of Health and Human Services (OWH)
- Substance Abuse and Mental Health Services (SAMHSA)

This report describes the formal process agreed on and followed under the guidance of the Federal Steering Committee (FSC). It explains the RAND Corporation (RAND)/University of California Los Angeles (UCLA) Appropriateness Method (RAM), justifies its adoption, and reports the outcomes of its application that will form the basis for the development of clinical guidance. Exhibit 1 provides an overview of this RAM process.

Exhibit 1: Overview of the RAM PROCESS



THE RAM PROCESS

The RAM process was developed in the mid-1980s, as part of the RAND/UCLA Health Services Utilization Study. It was designed as an instrument to enable the measurement of the overuse and underuse of medical and surgical interventions and to determine "appropriateness" of treatment. In this case, to be appropriate, the benefits must outweigh the harms of an intervention. An appropriate intervention is one in which "the expected health benefit (e.g., increased life expectancy, relief of pain, reduction in anxiety, improved functional capacity) exceeds the expected negative consequences (e.g., mortality, morbidity, anxiety, pain, time lost from work) by a sufficiently wide margin that the procedure is worth doing, exclusive of cost" (Brook et al., 1986; Park et al., 1986).

The appropriateness criteria developed in early RAND studies were used as a tool to retrospectively assess overutilization or underutilization of an intervention, but appropriateness criteria have also come to be used prospectively, as the basis for developing different types of clinical decision aids. Nevertheless, clinicians must make decisions every day about how best to care for individual patients.

The rationale for applying the RAM methodology to the study of pregnant and parenting women with opioid use disorder was twofold: first, randomized clinical trials—the "gold standard" for evidence-based medicine—often have not been conducted with this population. Second, even when such trials do exist, they often may not provide direct evidence at a level of detail sufficient to apply to the wide range of patients seen in everyday clinical practice.

The RAM process is based on getting input and ratings from experts and stakeholders from a wide variety of specialties as well as varied geographical locations. Specifically, the RAM process involves the steps outlined in the adjacent text box (Fitch et al., 2001).

The RAM Process Steps

1. Reviewing and synthesizing the literature
2. Developing a list of indications
3. Forming an Expert Panel
4. Rating indications for appropriateness and necessity
5. Chairing, moderating, and guiding the Expert Panel
6. Classifying appropriateness
7. Processing and analyzing the data
8. Applying appropriateness criteria retrospectively to measure overuse
9. Applying necessity criteria to measure underuse
10. Applying appropriateness criteria prospectively to assist in decisionmaking

Because this is a prospective process for the development of clinical guidance, the RAM process was followed by SAMHSA through step 7. The steps for retrospective analysis could be carried out at a future date or by nonfederal stakeholders.

Identifying Experts

To apply this modified RAM process to the specific populations of women with opioid use disorders who are either pregnant or parenting, SAMHSA formed three groups:

- A FSC comprising representatives from 14 federal agencies and offices. This committee was formed to shepherd the development of the clinical guide and ensure that it addresses HHS priorities so that clinicians have the guidance they need to provide women and their children with appropriate care and to optimize their outcomes
- A panel of nine experts (the Expert Panel) drawn from the fields of family medicine, neonatal medicine, nursing, obstetrics/gynecology, psychiatry, and psychology to minimize professional bias. The members represented geographically distinct regions of the country.
- Three scientific advisors with knowledge of particular issues relevant to the indications under discussion. These scientific advisors were invited to attend the in-person Expert Panel meeting to share their knowledge of particular issues relevant to the indications under discussion. They did not rate the indications at any time.

(See Appendix A for a list of RAM process participants including FSC members, members on the Expert Panel, scientific advisors, and SAMHSA staff members.)

Developing the Indications

SAMHSA, with guidance from the FSC, undertook a literature search and developed what the RAM process calls "indications." Indications are specific points in clinical decisionmaking at which time a specific intervention may be selected or not based on appropriateness. The indications were grouped into chapters according to patient presentation. In this case, whether the woman with opioid use disorder was enrolled in a MAT program (and if so, using what

medication) and whether she was pregnant or had recently delivered an infant was considered. The chapters were further broken down according to patient variables such as history, symptoms, and preferences.

The FSC review resulted in honing the scope of the indications. Indications for women who used opioids during pregnancy only for the management of pain were excluded to keep the rating process manageable and produce focused clinical guidance for the population of women with opioid use disorder or on MAT for opioid use disorder. As part of the RAM process, a literature review was undertaken. The development of the indications by SAMHSA and the subsequent reviews by the FSC resulted in the indications and literature review influencing each other reciprocally. These two activities will be discussed as one unified process going forward.

CHAPTER II. THE LITERATURE REVIEW

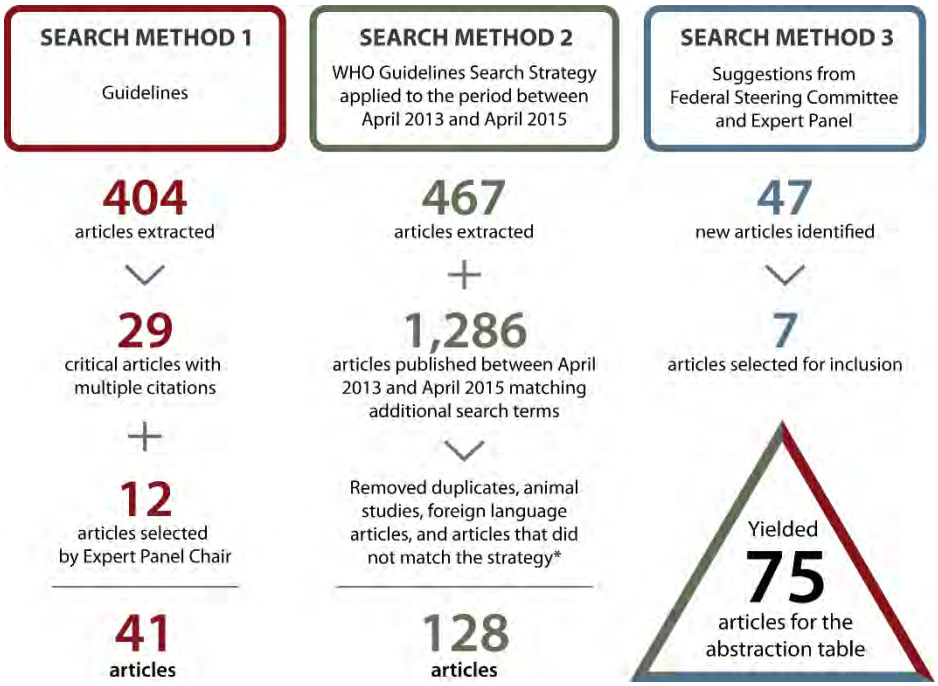
The literature review methods, analyses, and results are presented in this chapter. The literature review results were used for the RAM process.

LITERATURE REVIEW METHODS

The first step in producing the literature review was to create a draft list of indications, or situations, for what a healthcare provider might need for clinical guidance. The goal was to center the clinical guide on patient experiences and needs and to capture the different ways the patient would interact with the healthcare system. After compiling a list of topics that defined the scope of the guide, SAMHSA reviewed the references used in recently published guidelines (ASAM, 2015; WHO, 2014; American Association of Pediatrics [AAP], 2012; Committee on Health Care for Underserved Women and ASAM, American Congress of Obstetricians and Gynecologists (2012, Reaffirmed 2014), seminal papers, and recent research completed since the guidelines were published and the RAM project was initiated. SAMHSA then tagged this evidence to specific indications in a table for easy review by the Expert Panelists. Thus, this literature review was focused only on evidence directly related to indications concerning women with opioid use disorder who are pregnant or parenting. SAMHSA did not ask the panelists and FSC to review standard procedures that apply uniformly to all pregnant women (such as tobacco or alcohol cessation recommendations).

SAMHSA and the Expert Panel chair worked closely to produce the first edition of the literature review and the first draft of indications prior to sharing them with the entire Expert Panel and FSC. The systematic literature review used three separate search methods to identify peer-reviewed journal articles providing evidence on treatment methods for women with opioid use disorder who are pregnant or parenting and for their children (see Exhibit 2). (*See Appendix B: Literature Review Methods, for detailed literature review methods.)

Exhibit 2: Search strategy for literature review



At the conclusion of the third search method, SAMHSA conducted a final overview to remove repetitive findings and cull for articles with insufficient numbers of patients or inappropriate use of statistical methods. SAMHSA selected a final list of 75 articles to identify relevant evidence regarding treatment of pregnant and parenting women with opioid use disorders (see Appendix C: RAM Reference List, for a list of the guidelines and 75 final articles included in the RAM process). In addition to providing the articles to the Expert Panel committee members to aid them in their review, SAMHSA provided an abstraction table that extracted evidence from the 75 articles and excerpts from relevant guidelines and reports recently published by professional societies. These summaries of pertinent points drawn from guidelines and reports accompanied each prenatal and postnatal indication chapter.

Guidelines Used To Inform the RAM Process

- American Academy of Pediatrics Committee on Drugs (2012). *Clinical Report Neonatal Drug Withdrawal (revised)-Guidance for the Clinician in Rendering Pediatric Care*. http://www.sbp.com.br/pdfs/Clinical_Report-Neonatal_Drug_Withdrawal_2012.pdf
- American Society for Addiction Medicine (2015). *National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*. May 27, 2015. http://www.asam.org/docs/default-source/practice-support/asam-guidelines-and-consensus-docs/national-practice-guideline-supplement.pdf?sfvrsn=16
- Committee on Health Care for Underserved Women and the American Society for Addiction Medicine, American College of Obstetricians and Gynecologists, (2012, Reaffirmed 2014). *Committee Opinion: Opioid Abuse, Dependence and Addiction in Pregnancy*. Number 524. https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co524.pdf?dmc=1&ts=20160302T1440499290
- Reece-Stremtan S, Marinelli KA, and The Academy of Breastfeeding Medicine (2015). *The ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015*. Breastfeeding Medicine, 10(3): 135-141.
- World Health Organization (2014). *Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy*. WHO Press, Geneva, Switzerland http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/

LITERATURE REVIEW ANALYSIS: LINKING THE EVIDENCE TO THE INDICATIONS

SAMHSA identified evidence from original research articles that addressed the clinical procedures described in the indications, extracted it from the articles, and listed it next to the respective indication. SAMHSA provided relevant excerpts from the guidelines at the top of each RAM chapter. It also provided Expert Panel members with the original papers, guidelines, and an abstraction table that delineated the evidence retrieved from each research paper.

As such, even when panelists were not intimately familiar with the topic, they could combine their clinical judgment with the evidence to select a rating of inappropriate, uncertain, or appropriate with confidence. If they were still unsure after seeing the evidence statements, they could read the original papers that SAMHSA provided as part of the RAM review.

LITERATURE REVIEW SUMMARY

The SAMHSA literature review included selected articles from the published literature and spanned the period between the five guidelines' publication dates and the Expert Panel analysis (April 2013–April 2015). In all, in addition to the five guidelines that summarized the state of the field through early 2013, SAMHSA selected 75 papers to tie to an indication and so support the appropriateness rating. These results were used as the groundwork for establishing a common level of understanding between the physicians and researchers on the Expert Panel and senior advisors who represented several different disciplines, including epidemiology, family practice, neonatology, nursing, obstetrics/gynecology, pediatrics, psychiatry, and psychology.

CHAPTER III. THE RAM INDICATION PROCESS: METHODS

REFINING THE INDICATIONS LIST

These indications were drafted with input from Expert Panelists. The FSC reviewed several iterations of the indications as they were being developed and prior to delivery to the Expert Panelists for formal rating. The goal was to address real-life scenes and give possible treatment options for each situation. The list presented to the Expert Panel included 327 indications, each describing a patient, a setting or clinical issue, and a potential procedure for treatment.

RATING THE INDICATIONS

At the second virtual meeting held in June 2015, SAMHSA staff gave Expert Panelists their materials for the ratings. All Expert Panelists completed the first round of the ratings independently and individually online during August 2015 before coming together for discussion of specific ratings at the September 2015 in-person Expert Panel meeting.

Staff gave the panelists the following instruction for the rating process:

- Examine the evidence presented from the literature review and guideline excerpts, and use your clinical experience to make a decision as to where the indication should be on the scale of 1 to 9 where: 1–3=inappropriate treatment, 4–6=uncertain, and 7–9=appropriate treatment.
- Remember to rate the appropriateness of each indication based on the integration of your clinical judgment and available evidence and considering an average patient presenting to an average physician who performs the procedure in an average hospital (or other care-providing facility).
- Do not consider cost implications in making your judgments.

In the first individual round of review, staff gave the panelists a total of 327 indications, of which 36.1 percent had evidence directly linked to a particular indication. Indications with median ratings in the top third of the appropriateness scale (7–9) were classified as appropriate; those with median ratings in the bottom third (1–3) were classified as inappropriate; and those with intermediate median ratings (4–6) were classified as uncertain.

- All indications where the majority of the respondents were in the same third of the ratings, whatever the median, were classified as “in agreement.”
- All indications where three or more panelists rated the indications outside the 3-point region containing the median were classified as “in disagreement.”

Sample Indication

Chapter N: Pharmacological treatment for newborns with neonatal abstinence syndrome

Scene	Indication	Variable	Rating Scale
An infant is born with symptoms of neonatal abstinence syndrome to a mother who has opioid substance disorder and has had no medication-assisted treatment prior to delivery.	**MODERATE symptoms:** An infant who exhibits moderate signs of neonatal abstinence syndrome should be managed with non-pharmacologic interventions in a formal protocol for neonatal abstinence syndrome…	i…..and, when needed, pharmacotherapy with tincture of opium.	1 2 3 | 4 5 6 | 7 8 9 |
		ii….and, when needed, pharmacotherapy with liquid oral morphine.	1 2 3 | 4 5 6 | 7 8 9 |
		iii…and, when needed, pharmacotherapy with sublingual buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 |
		iv. ….and, when needed, pharmacotherapy with oral methadone.	1 2 3 | 4 5 6 | 7 8 9 |

In this situation, the four different treatment options (tincture of opium, oral morphine, sublingual buprenorphine, and oral methadone) were presented as variables to complete the sentence in the indication column. In this particular case, a mother with opioid use disorder who had received no MAT before going into labor presented in the delivery room. Each Expert Panelist was asked to rate the appropriateness of the indications independently, without consultation with other Expert Panelists.

Example of an indication rated "in agreement" or "in disagreement"

This example shows two different scenarios and corresponding indications and their ratings: one rated with agreement, and one rated with disagreement. The second line in the rating box shows the number of Expert Panel members who gave a specific rating. In the first example, one Expert Panel member rated the indication at 3, one at 5, one at 7, three at 8, and three at 9. In the first example, two ratings were outside the median, so the first indication is rated "in agreement." In the second example, four ratings were outside the median, so that indication is rated "in disagreement."

Sample Indications and Ratings

	Scene	Indication	Rating
In agreement	A pregnant woman with opioid use disorder comes into the health center for prenatal care.	A pregnant woman with opioid use disorder should be screened for other substance use at presentation for care by review of state prescription drug monitoring database.	1 2 3 | 4 5 6 | 7 8 9 **1** | **1** | 1 3 3 Median = 8 = Appropriate
In disagreement	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder relapses to opioid use should be transferred to methadone.	1 2 3 | 4 5 6 | 7 8 9 **1** | 4 1 | **2** **1** Median = 5 = Uncertain

Note: Bold numbers show the ratings outside the median.

When SAMHSA reviewed the 327 individual indications rated with a judgment of "uncertain" or "in disagreement" after the first round of review, some indications fell into a group with common characteristics:

- Need for detailed patient assessment
- Individualized risk-benefit analysis
- Maternal autonomy (freedom to determine one's own actions and behaviors)
- Provider confidence/preference
- Availability of resources and facilities

Indications with these characteristics were not presented at the Expert Panel in-person meeting for additional discussion and re-rating and instead were classified as "deferred." The reasoning behind this decision was that further discussion of these indications would be unlikely to yield a change in rating. The characteristics associated with this deferred group of indications suggest

that decisions regarding the treatment plan would be made by the healthcare provider and mother and could be expected to vary with each individual situation.

A list of indications that would be presented to the Expert Panelists at the in-person Expert Panel meeting was sent back to the panelists before the in-person meeting convened. The panelists were then invited to request that an indication or group of indications be included for discussion at the in-person Expert Panel meeting. The purpose of this step was to give the panelists an opportunity to review the indications not selected for discussion at the Expert Panel meeting and to request re-review of an indication at the in-person entire panel meeting.

SAMHSA discussed this approach with both the FSC members and the Expert Panel members, all of whom agreed that items marked for deferral would be best addressed when writing the clinical guide.

In summary, two types of topics were not reviewed at the in-person Expert Panel meeting: (1) rated indications as "in agreement"; and (2) rated indications deferred for discussion because they met the deferral criteria. SAMHSA will use both these categories of indications to build the clinical guide within the context of the information provided above.

SAMHSA held the in-person Expert Panel meeting in Maryland in September 2015 to discuss and re-rate indications with a large range of responses across the 1–9 scale or to allow an Expert Panelist to review the evidence for an indication selected for further discussion and re-rating.

Three scientific advisors were present during the meeting to offer insight, wisdom, and expertise on the various topics of discussion. These scientific advisors did not participate in the initial rating process or the re-rating at the Expert Panel meeting.

Example of Expert Panel discussion over the topic of detoxification

Original indication:

Chapter Two: All pregnant women with opioid use disorder and no prior treatment

Scene	Indication	Variable	Rating Scale
A pregnant woman with opioid use disorder presents to a healthcare facility requesting detoxification.	A pregnant woman with opioid use disorder should not be detoxified.		1 2 3 | 4 5 6 | 7 8 9 | | 1 3 | 1 2 2 | Median=7, appropriate, in disagreement

Some panelists debated whether the initial indication was too strongly worded. One noted that it is important to have a nuanced statement on detoxification, with language on relapse, because detoxification is happening in more communities. Another panelist commented that many of his patients who initially want detoxification become no-shows after they hear about the consequences. A third panelist said the consensus of the group seemed to be that detoxification is not an appropriate strategy; he also pointed out that the problem with a strongly worded statement is that many healthcare providers do not have the resources to do opioid MAT: the only choice is detoxification. A SAMHSA staff member noted that many patients want to be detoxified because they do not know about MAT.

Example of Expert Panel discussion over the topic of detoxification (continued)

A scientific advisor provided some historical perspective, noting that for years the literature had said that if detoxification had to be done, it should happen in the second trimester; this advice was not based on studies, but was a best-guess estimate. The advisor said that several studies now indicate that medication-assisted withdrawal can be done safely at any point in pregnancy under appropriate supervision and monitoring; the question is whether it *should* be done, given all the evidence on relapse to opioid use. The guidelines should focus on where we are currently, she recommended.

Conclusion: The term "detoxification" was discussed for a short while, and panel members agreed to change wording in the indication from "*should not be detoxified*" to "*should be advised that detoxification is associated with high rates of relapse and is not the recommended course of treatment*," and re-rated the indication.

Revised indication:

Chapter Two: All pregnant women with opioid use disorder and no prior treatment

Scene	Indication	Variable	Rating Scale
A pregnant woman with opioid use disorder presents to a healthcare facility requesting detoxification.	A pregnant woman with opioid use disorder should be advised that detoxification is associated with high rates of relapse and is not the recommended course of treatment.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 | Median=9, appropriate, in agreement

After a period of discussion on a particular indication or group of indications, all Expert Panelists were asked to privately and individually re-rate the indications under discussion (one at a time) while in the session.

Shortly after the conclusion of the in-person Expert Panel meeting, the results of the RAM were presented to the FSC members for their review and comment.

CHAPTER IV. THE RAM INDICATION PROCESS: RESULTS

The results section addresses three major areas. Specifically, the first area presents results from the two rounds of Expert Panel review and makes available the indications for each section of these results. This information is followed by the results linking the indications to the evidence/literature. The final area provides results from the FSC that was convened after the in-person Expert Panel meeting.

Results From Two Rounds of Expert Panel Review

As specified in the RAM methods, the Expert Panelists had two opportunities to review the indications: once independently, when they submitted their results via an online web system, and once after discussion at an in-person meeting. The final ratings are presented in this chapter.

A final list of 285 indications remained after two reviews and discussion by the Expert Panelists out of the 327 originally identified through the literature review (see Appendix D**:** All Indications: Presented by Chapter, for a final list of 285 rated indications). The 42 indications not included in the final list were discussed and modified or combined based on the Expert Panel reviews/discussion. The majority of indications (n=217; 76%) were rated in agreement. Exhibit 3 provides an overview of the RAM process results. In sum:

- Panelists agreed that 201 indications (71%) were appropriate, 13 indications (5%) were inappropriate, and 3 indications (1%) had insufficient evidence to make a decision.
- Panelists disagreed on another 68 indications (24%). Specifically, panelists disagreed (that is, were divided) as to whether the treatment was appropriate in 27 instances (10%) and inappropriate in 18 instances (6%). There was broad disagreement and uncertainty about the remaining 23 indications (8%).

Exhibit 3: Final ratings on Indications

Indications Rating	Inappropriate	Uncertain	Appropriate	Totals
Agreement	13 (5%)	3 (1%)	201 (71%)	**217** (76%)
Disagreement	18 (6%)	23 (8%)	27 (10%)	**68** (24%)
	31 (11%)	**26** (9%)	**228** (80%)	285

RAM results can be reviewed in a variety of ways. For the purpose of this report, we have presented the indications in three major subgroupings: (1) those indications about which the Expert Panelists were in agreement as to how to rate the indication (either appropriate, inappropriate or uncertain); (2) those indications about which the Expert Panelists were *not* in agreement or were uncertain as to the appropriateness of the indication; (3) those indications that were initially rated but then deferred from further discussion because additional discussion was deemed to be unproductive. These latter indications were addressing complex situations that needed individual review by the healthcare provider and mother. Note that these deferred indications were all drawn from the pool of indications rated "in disagreement" or "uncertainty" and sections 1–6 include indications that were subsequently deferred from additional discussion.

Indications that are in agreement are presented in sections 1, 2 and 3, and indications in disagreement are in sections 4, 5 and 6. Section 7 identifies indications that were deferred. Each section includes an appendix (i.e., E-1–E-7) that provides the indications resulting from the RAM review for that section by status of agreement and appropriateness. Appendices for each section appear at the end of the report.

Indications Rated In Agreement

1. IN AGREEMENT AND APPROPRIATE

This section presents results for the indications for which experts were in agreement that the indications are appropriate, that is, the procedure's benefits outweighed the potential harms. A total of 201 (71%) indications emerged as in agreement and appropriate.

Given the large number of indications (n=201) in this section, a summary of the procedures specified in the indications is provided below and is organized by topic. See Appendix E-1**,** "In agreement" and "Appropriate" rated indications, for a complete list of indications agreed on by the Expert Panelists as appropriate, along with the Expert Panel ratings.

Exhibit 4: Indications rated in agreement and appropriate

Indications Rating	Inappropriate	Uncertain	***Appropriate***	Totals
Agreement	13 (5%)	3 (1%)	***201 (71%)***	**217** (76%)
Disagreement	18 (6%)	23 (8%)	27 (10%)	**68** (24%)
	31 (11%)	**26** (9%)	**228** (80%)	285

Section 1: Summary of Indications Related to Pregnancy

Pregnancy Counseling

- A pregnant woman with opioid use disorder should be screened for other substance use at presentation for care (1) by interview, (2) by self-completed formal screening instrument, (3) by urine toxicology, and (4) by review of state prescription drug monitoring database.
- A pregnant woman with opioid use disorder should be screened for other substance use at the time of delivery (1) by interview and (2) by urine toxicology.
- A pregnant woman with opioid use disorder should receive Screening, Brief Intervention, and Referral to Treatment (SBIRT) for possible other substance use.
- A pregnant woman with opioid use disorder should be screened for comorbid mental health conditions at presentation of care.
- The prescription drug monitoring program information of a pregnant woman with opioid use disorder should be checked and monitored as part of her routine management.
- When information about substance use is gathered from a pregnant woman with opioid use disorder, she should receive education and counseling about possible (1) social consequences and (2) medical consequences for herself and her infant of MAT and illicit substance use.
- A pregnant woman with opioid use disorder who requires (1) benzodiazepines, (2) selective serotonin reuptake inhibitors (SSRIs), (3) amphetamines, and (4) other pharmacotherapy for comorbid mental health conditions should be educated about the

impact of this intervention on her baby's risk for NAS and on her lactation options and should be educated about the risks and benefits of using or not using this pharmacotherapy to treat her condition.

- A pregnant woman with opioid use disorder who uses other substances should be informed of the impact (1) illicit substances, (2) misuse of licit substances, (3) tobacco, (4) alcohol, (5) benzodiazepines, (6) amphetamines, and (7) SSRIs has/have on the severity of NAS and other effects on the infant.
- A pregnant woman with opioid use disorder and untreated comorbid mental health conditions should be informed about the possible impact of her condition on NAS.
- A pregnant woman with opioid use disorder and comorbid (1) depression and (2) anxiety treated with an SSRI should be informed that this pharmacotherapy is independently associated with NAS and may worsen her baby's NAS.
- A pregnant woman with opioid use disorder should be started on (1) methadone or (2) buprenorphine.
- A woman on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder who states the intention to become pregnant should be advised of the likelihood of her newborn's experiencing NAS if the woman conceives and gives birth while taking buprenorphine or methadone.
- A woman on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder who states the intention to become pregnant should be advised that there are no known increased risks of birth defects associated with buprenorphine or methadone at this time[2].
- A pregnant woman with opioid use disorder should be encouraged to stop smoking.

Dose Adjustment or Change of Medications During Pregnancy

- A pregnant woman previously stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder should be assessed for a dose increase if she complains of (1) withdrawal symptoms or (2) cravings and (3) should receive additional behavioral interventions.
- A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder who wants to decrease her dose so her baby will have less withdrawal at birth should be advised that the mother's dose of buprenorphine or methadone is not associated with the intensity of NAS and should be told about other evidence-based strategies for minimizing NAS.

[2] These indications were rated and supporting literature was provided based on data available at the time of the RAM meeting. The research papers used for the RAM process were selected according to a methodology outlined in Chapter II. Other federal agencies and offices apply different methodologies to the evidence or research used to support their decision-making. The clinical guide to be developed based on recommendations in this report will have greater latitude to include additional relevant source material.

- A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal should be advised (1) that smoking cessation may reduce opioid withdrawal her baby may experience, (2) that cessation of other substance use may reduce opioid withdrawal her baby may experience, (3) that breast-feeding may reduce opioid withdrawal her baby may experience, and (4) that nonpharmacologic interventions for the infant may reduce opioid withdrawal her baby may experience.
- A pregnant woman stable on methadone who wants to switch to buprenorphine so her baby will have milder or shorter neonatal opioid withdrawal should not be switched to buprenorphine.

Medically Supervised Withdrawal[3]

- A pregnant woman with opioid use disorder should be advised that detoxification (defined as medically supervised withdrawal) is associated with high rates of relapse and is not the recommended course of treatment.
- A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder who wishes to be withdrawn from medication should be advised that medically supervised withdrawal from medication-assisted treatment is not advisable during pregnancy due to the stress on the fetus and risk of relapse.
- A pregnant woman with opioid use disorder who refuses medication-assisted treatment may undergo detoxification (medically supervised withdrawal) during the second trimester if the benefits outweigh the risk.

Treatment for Pregnant Women Who Relapse to Substance Use

- A pregnant woman, previously stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder, who relapses to opioid use (1) should have her dose assessed for effectiveness, (2) should receive additional behavioral interventions, and (3) should be referred for a higher level of care.
- A pregnant woman on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit substances) (1) should receive behavioral interventions for these substance use disorders, (2) should receive pharmacologic interventions for these substance use disorders, and (3) should be referred for a higher level of care.
- A woman who discontinues naltrexone after becoming pregnant and relapses to opioid use should begin use of buprenorphine or methadone.

[3] Medically supervised withdrawal is an area of intense research. These recommendations are based on the ratings of the expert panel using the evidence identified in the methodology described in Chapter II. The clinical guide to be developed based on recommendations in this report will have greater latitude to include additional relevant source material.

Pain Relief

- A woman who is stable on buprenorphine or methadone for opioid use disorder should receive education about intra- and postpartum pain relief before delivery.
- If a pregnant woman with opioid use disorder and not currently maintained on either buprenorphine or methadone is in labor, she should be offered an epidural and a short-acting opioid analgesic to manage her pain.
- A woman who is stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder and requests pain relief during labor (1) can receive epidural or spinal anesthesia, (2) should not receive butorphanol, nalbuphine, or pentazocine, and (3) may require higher doses of opioid analgesics to experience pain relief, whether she is having a vaginal delivery or a C-section.

Section 1: Summary of Indications Related to Postnatal Issues

Pain Relief

- A woman who is stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder and requests pain relief for postpartum days 1 to 3 or after a C-section may require higher doses of opioid analgesics to experience pain relief.

Treatment for Infants Exhibiting NAS

- An infant born to a mother who misused opioids (analgesic or heroin) throughout her pregnancy should be monitored and managed with a formal protocol for NAS.
- The management of an infant exhibiting NAS should be informed by an interview with the mother about other substance and pharmacotherapy use during pregnancy and the clinical status of the infant.
- The management of an infant exhibiting NAS should be informed by toxicology screening of the mother to assess for other substance use.
- Infants at risk for NAS could have toxicology testing on (1) meconium, (2) urine, and/or (3) umbilical cord tissue.
- An infant who exhibits mild signs of NAS should be managed with nonpharmacologic interventions and monitored for development of more severe symptoms in a formal protocol for NAS.
- An infant who exhibits moderate to severe signs of NAS should be managed with nonpharmacologic interventions in a formal protocol for NAS and, when needed, (1) pharmacotherapy with liquid oral morphine or (2) pharmacotherapy with liquid oral methadone.
- An infant who exhibits moderate to severe signs of NAS should be managed with nonpharmacologic interventions in a formal protocol for NAS and, when needed, (1) adjuvant therapy with clonidine or (2) adjuvant therapy with phenobarbital.

- An infant with NAS that cannot maintain adequate hydration or loses weight despite optimal management should have a medical examination to rule out other potential medical conditions along with consideration given to a possible transfer to a neonatal intensive care unit.
- On discharge, an infant treated for NAS should have (1) home visitation and early intervention services, (2) a home nursing consult, and (3) a social work consult.
- On discharge, the mother of an infant treated for NAS should be (1) educated about signs of withdrawal, and (2) the mother should receive an early referral to a pediatrician who is knowledgeable about NAS and accessible from the time of infant hospital discharge.
- An infant who required pharmacotherapy for NAS will benefit from a stable and enriched home environment.
- A mother who reports her baby, who completed a taper of opioids for NAS, is fussy and having loose stools should have the baby evaluated by a medical provider.

Counseling for Potential Neurodevelopment Issues[4]

- A mother who is worried about the effects of intrauterine exposure to the buprenorphine or methadone used to treat her opioid use disorder should be given information on (1) how NAS is diagnosed and treated, (2) the absence of known long-term consequences[5], and (3) the importance of maternal drug treatment such that the benefits to her baby outweigh the risks of not receiving treatment.
- A mother who requests a developmental assessment for her child who had NAS (1) should be interviewed about her concerns, (2) should receive ongoing developmental screening for her child, (3) should have her child screened for early intervention purposes, and (4) should be informed that enriching the child's home environment may bring about improvement.
- A mother whose child has developmental delays (1) should be interviewed about her concerns, (2) should receive ongoing developmental screening for her child, (3) should have her child screened for early intervention purposes, and (4) should be informed that enriching her child's home environment may bring about improvement.

Addiction Risk

- A mother who is worried that NAS will make her baby more likely to have a substance use disorder in adulthood should be told that future addiction is not a known consequence of NAS.

[4] It is not uncommon for parents to ask about their child's future risk of addiction due to opioid exposure *in utero*. There are federal guidelines that address the issues of interventions for the mother and infant that can reduce the future addiction risk, such as NIDA's 2016 Principles of Substance Abuse Prevention for Early Childhood (NIDA, 2016), which will be included as reference material in the guide.

[5] These indications were rated and supporting literature was provided based on data available at the time of the RAM meeting. The research papers used for the RAM process were selected according to a methodology outlined in Chapter II. Other federal agencies and offices apply different methodologies to the evidence or research used to support their decision-making. The clinical guide to be developed based on recommendations in this report will have greater latitude to include additional relevant source material.

- A mother who is worried that her history of opioid use disorder will make her baby more likely to have a substance use disorder should be counseled that there are genetic and social factors that increase the risk of addiction in children of people with substance use disorders and that a stable, healthy home environment can reduce that risk.
- A mother who is worried that NAS will make her baby more likely to have a substance use disorder in adulthood should be counseled that there are genetic and social factors that increase the risk of addiction in children of people with substance use disorders and that a stable, healthy home environment can reduce that risk.

Dose Adjustment or Change of Medications After Delivery and Issues Relating to Breastfeeding

- A woman on buprenorphine or methadone who has no contraindications should be encouraged to breastfeed her baby.
- A woman on buprenorphine or methadone who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for (1) medical illness, (2) relapse to substance use, and (3) dose adjustment.
- A new mother who is stable on buprenorphine or methadone and complains of cravings should (1) be assessed for dose adjustment and (2) receive additional behavioral intervention.
- A new mother who is stable on buprenorphine or methadone but being instructed/required by her family/supportive housing/corrections officer to discontinue buprenorphine or methadone should continue to take buprenorphine or methadone[6].
- A new mother who is bottle feeding her infant and is stable on buprenorphine or methadone who chooses to discontinue her buprenorphine or methadone and begin extended-release injectable naltrexone (1) may attempt to withdraw from buprenorphine or methadone under close supervision and with increased behavioral supports and (2) should be counseled continue bottle feeding her infant.

Treatment for New Mothers Who Relapse to Substance Use

- A new mother who was previously stable on buprenorphine or methadone but has relapsed to opioid use (1) should be assessed for dose adjustment, (2) should receive additional behavioral intervention, and (3) counseled on lactation options.
- A new mother who is breastfeeding her infant and who was previously stable on buprenorphine, methadone, or naltrexone but has relapsed to benzodiazepine/cocaine/methamphetamines use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to discontinue breastfeeding.

[6] These indications are meant to capture clinical decision points. The possible legal and social consequences to the patient and how to address them will be discussed in the clinical guide.

- A new mother who is bottle feeding her infant and was previously stable on buprenorphine but has relapsed to alcohol use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to continue bottle feeding.
- A new mother who was previously stable on methadone but has relapsed to alcohol use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to discontinue breastfeeding and begin or continue bottle feeding.
- A new mother who is bottle feeding her infant and was previously stable on buprenorphine or methadone but has relapsed to tobacco use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to continue bottle-feeding.
- A new mother who is breastfeeding her infant and who was previously stable on methadone but has relapsed to tobacco use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to continue breastfeeding according to current guidelines.
- A new mother who is bottle feeding her infant and was previously stable on buprenorphine or methadone but has relapsed to marijuana use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to continue bottle feeding.

Postnatal Counseling

- A woman with opioid use disorder should be screened for comorbid mental health conditions (1) before discharge from the hospital and (2) at the postpartum outpatient appointment.

Contraception

- A woman with opioid use disorder who had no MAT during pregnancy should be counseled about and offered her preferred form of contraception postpartum.
- A woman with opioid use disorder who is now being treated with buprenorphine or methadone for the first time postnatally should be counseled about and offered her preferred form of contraception postpartum.
- A new mother stable on buprenorphine, methadone, or naltrexone should be provided her preferred form of contraception when bottle feeding or when breastfeeding.

2. IN AGREEMENT AND INAPPROPRIATE

Panelists further agreed that 13 indications were inappropriate (n=13 indications, 5%), meaning the panelists were in agreement that these indications were not advised for women with opioid use disorder who are pregnant or parenting (see Exhibit 5).

Exhibit 5: Indications rated in agreement and inappropriate

Indications Rating	***Inappropriate***	Uncertain	Appropriate	Totals
Agreement	***13 (5%)***	3 (1%)	201 (71%)	**217** (76%)
Disagreement	18 (6%)	23 (8%)	27 (10%)	**68** (24%)
	31 (11%)	**26** (9%)	**228** (80%)	285

A summary of the inappropriate procedures specified in these indications is provided below. See Appendix E-2 "In agreement" and "Inappropriate" rated indications, for a complete list of indications that were rated with agreement but inappropriate by the Expert Panel members along with the Expert Panel ratings:

Section 2: Summary of Indications Related to Pregnancy

Dose Adjustment or Change of Medications During Pregnancy

- A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who becomes pregnant should be switched to methadone.
- A woman on methadone for opioid use disorder who states the intention to become pregnant should be switched to a buprenorphine-only product.

Pain Relief

- A woman who is stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder and requests pain relief during labor should receive adequate relief from her regular dose of buprenorphine or methadone.

Section 2: Summary of Indications Related to Postnatal Issues

Pain Relief

- A woman who is stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder and requests pain relief postpartum days 1 to 3 or post-C-section days 1 to 4 should receive adequate relief from her regular dose of buprenorphine or methadone.
- A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3 or post-C-section days 1 to 4 should (1) receive adequate relief from her regular dose of methadone and (2) receive adequate relief from administration of a standard dose of an opioid analgesic.

Treatment for Infants Exhibiting NAS

- An infant who exhibits moderate to severe signs of NAS should be managed with nonpharmacologic interventions in a formal protocol for NAS and, when needed, pharmacotherapy with tincture of opium or with phenobarbital.

Treatment for New Mothers who Relapse to Substance Use

- A new mother who is breastfeeding her infant and who was previously stable on methadone or on buprenorphine and has relapsed to benzodiazepine/cocaine/methamphetamines use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) continue breastfeeding according to current guidelines.

3. IN AGREEMENT AND UNCERTAIN

For three indications (1%) the panelists were in agreement that there was insufficient research or clinical experience to make a decision, so the indication was marked as "uncertain" (see Exhibit 6). See Appendix E-3 "In agreement" and "Uncertain" rated indications, for a complete list of indications and their ratings for indications that were rated with agreement but uncertain by the Expert Panel members.

Exhibit 6: Indications rated in agreement and uncertain

Indications Rating	Inappropriate	***Uncertain***	Appropriate	Totals
Agreement	13 (5%)	***3 (1%)***	201 (71%)	**217** (76%)
Disagreement	18 (6%)	23 (8%)	27 (10%)	**68** (24%)
	31 (11%)	**26** (9%)	**228** (80%)	285

The panelists were in agreement that there was insufficient evidence to make a decision related to an indication in the following instances:

Section 3: Summary of Indications Related to Pregnancy

Dose Adjustment or Change of Medications During Pregnancy

- A woman who is stable on naltrexone for opioid use disorder and becomes pregnant should be advised to discontinue naltrexone.
- A pregnant woman previously stable on buprenorphine for opioid use disorder who complains of cravings should be considered for transition to methadone.

Section 3: Summary of Indications Related to Postnatal Issues

Dose Adjustment or Change of Medications After Delivery and Issues Relating to Breastfeeding

- A new mother who is breastfeeding her infant and who, against medical advice, chooses to discontinue buprenorphine and beginning extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports and should be counseled to discontinue breastfeeding[7].

[7] In order for the expert panel to rate all the options a healthcare professional might consider in a clinical setting, indications were created for opposing recommendations. In this case, the expert panel disagreed on whether the mother should continue or discontinue breastfeeding. Situations such as this will be addressed when this report is translated into clinical guide.

Indications Rated With Disagreement

The results for the indications where the Expert Panel was in disagreement are presented in this section. Please note that the in-person Expert Panel meeting discussion focused on indications in this section.

4. IN DISAGREEMENT AND APPROPRIATE

There were 27 indications (10%) for which the majority of the panelists thought an indication was appropriate, but there were also at least 3 other panelists who felt these indications were inappropriate or uncertain (see Exhibit 7). As such, the experts disagreed on whether these indications were appropriate. See Appendix E-4 "In disagreement" and "Appropriate" rated indications, for a complete list of indications that were rated by the Expert Panel members with disagreement on the appropriateness of the advice.

Exhibit 7: Indications rated with disagreement and appropriate

Indications Rating	Inappropriate	Uncertain	***Appropriate***	Totals
Agreement	13 (5%)	3 (1%)	201 (71%)	**217** (76%)
Disagreement	18 (6%)	23 (8%)	***27 (10%)***	**68** (24%)
	31 (11%)	**26** (9%)	**228** (80%)	285

Section 4: Summary of Indications Related to Pregnancy

Pregnancy Counseling

- When gathering information about substance use from a pregnant woman with opioid use disorder, education and counseling about possible legal consequences of medication-assisted treatment and illicit substance use should be provided to the woman.
- A pregnant woman with opioid use disorder should be screened by a self-completed formal screening instrument for other substance use when she comes in for the first time at delivery.
- A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal should be advised that nonpharmacologic interventions for the infant may reduce opioid withdrawal her baby may experience.

Pain Relief

- A woman who is stable on buprenorphine, buprenorphine/naloxone or methadone for opioid use disorder and requests pain relief during labor should receive adequate relief from administration of a standard dose of an opioid analgesic.

Section 4: Summary of Indications Related to Postnatal Issues

Dose Adjustment or Change of Medications After Delivery and Issues Relating to Breastfeeding

- A new mother who is stable on buprenorphine or methadone who chooses to discontinue buprenorphine or methadone and begin extended-release injectable naltrexone (1) may attempt to withdraw from buprenorphine or methadone under close supervision and with increased behavioral supports and (2) should be counseled to continue breastfeeding according to current guidelines[8].

Counseling for Potential Neurodevelopment Issues

- A mother who was treated with buprenorphine or methadone while pregnant and who requests a developmental assessment for her child who had NAS should be informed that developmental problems are not a known consequence of NAS[9].
- A mother whose child has developmental delays should be informed that developmental problems are not a known consequence of NAS[9].

Treatment for New Mothers Who Relapse to Substance Use

- A new mother who was previously stable on buprenorphine (or buprenorphine/naloxone) but has relapsed to opioid use should be considered for transition to methadone.
- A new mother who is breastfeeding her infant and who was previously stable on buprenorphine (or buprenorphine/naloxone) but has relapsed to alcohol use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to discontinue breastfeeding.
- A new mother who is breastfeeding her infant and who was previously stable on buprenorphine (or buprenorphine/naloxone) and has relapsed to opioid use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) counseled to continue breastfeeding according to current guidelines[8].
- A new mother who is breastfeeding her infant and who was previously stable on buprenorphine (or buprenorphine/naloxone) or methadone and has relapsed to opioid use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) counseled to discontinue breastfeeding[8].
- A new mother who is breastfeeding her infant and who was previously stable on buprenorphine (or buprenorphine/naloxone) or methadone but has relapsed to marijuana

[8] In order for the expert panel to rate all the options a healthcare professional might consider in a clinical setting, indications were created for opposing recommendations. In this case, the expert panel disagreed on whether the mother should continue or discontinue breastfeeding. Situations such as this will be addressed when this report is translated into clinical guide.

[9] These indications were rated and supporting literature was provided based on data available at the time of the RAM meeting. The research papers used for the RAM process were selected according to a methodology outlined in Chapter II. Other federal agencies and offices apply different methodologies to the evidence or research used to support their decision-making. The clinical guide to be developed based on recommendations in this report will have greater latitude to include additional relevant source material.

use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to discontinue breastfeeding and begin bottle feeding.

- A new mother who is bottle feeding her infant and is on naltrexone who relapses to opioid use (1) should receive increased behavioral interventions and (2) be transitioned to an opioid agonist medication. She should be advised that she should bottle feed her infant.
- A new mother who is bottle feeding her infant and on naltrexone who relapses to marijuana or alcohol use should (1) receive increased behavioral interventions and (2) consideration should be given to transitioning her to an opioid agonist medication if she is bottle feeding.
- A new mother who is breastfeeding her infant and on naltrexone who relapses to marijuana use or alcohol use should (1) receive increased behavioral interventions, (2) consideration should be given to transitioning her to an opioid agonist medication, and (3) she should discontinue breastfeeding.

5. IN DISAGREEMENT AND INAPPROPRIATE

For 18 indications (6%) the majority of panelists rated the indications as inappropriate, but there were sufficient numbers of dissenting panelists to rate the indication as "inappropriate with disagreement" (see Exhibit 8). As such, the experts disagreed on whether these indications were inappropriate. See Appendix E-5 "In disagreement" and "Inappropriate" rated indications, for a complete list of indications (n=18) on which the panelists were not in agreement as to whether an indication was inappropriate.

Exhibit 8: Indications rated in disagreement and inappropriate

Indications Rating	***Inappropriate***	Uncertain	Appropriate	Totals
Agreement	13 (5%)	3 (1%)	201 (71%)	**217** (76%)
Disagreement	***18 (6%)***	23 (8%)	27 (10%)	**68** (24%)
	31 (11%)	**26** (9%)	**228** (80%)	285

A summary of the procedures on which the panelists were not in agreement as to whether the indications were inappropriate is provided below and is organized by topic.

Section 5: Summary of Indications Related to Pregnancy

Dose Adjustment or Change of Medications During Pregnancy

- A woman on buprenorphine/naloxone for opioid use disorder who states the intention to become pregnant or is in the early stages of pregnancy should be switched to a buprenorphine-only product.
- A woman on buprenorphine/naloxone for opioid use disorder who becomes pregnant should be switched to a buprenorphine-only product.

Pain Relief

- A woman who is stable on buprenorphine or buprenorphine/naloxone or methadone for opioid use disorder and who requests pain relief during labor should receive adequate relief from an increase in her regular dose of buprenorphine or methadone.

Section 5: Summary of Indications Related to Postnatal Issues

Pain Relief

- A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3 or after a C-section should receive adequate relief from administration of a standard dose of an opioid analgesic.
- A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief after a C-section should receive adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.

- A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3 should receive adequate relief from administration of a standard dose of an opioid analgesic.

Treatment for Infants Exhibiting NAS

- An infant who exhibits moderate to severe signs of NAS should be managed with nonpharmacologic interventions in a formal protocol for NAS and, when needed, pharmacotherapy with clonidine.

Treatment for New Mothers Who Relapse to Substance Use

- A new mother who is bottle feeding her infant and who was previously stable on buprenorphine and has relapsed to opioid use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) counseled to continue bottle feeding.
- A new mother who is breastfeeding her infant and previously stable on buprenorphine or methadone but who has relapsed to marijuana or alcohol use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to continue breastfeeding according to current guidelines.
- A new mother who is breastfeeding her infant and who was previously stable on buprenorphine or methadone but has relapsed to tobacco use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to discontinue breastfeeding.
- A new mother who is breastfeeding her infant and on naltrexone who relapses to tobacco use should (1) receive increased behavioral interventions and consideration should be given (2) to transitioning her to an opioid agonist medication and (3) she should discontinue breastfeeding and begin bottle feeding.

Contraception

- A new mother who is breastfeeding her infant and who is stable on methadone should be (1) provided her preferred form of contraception and (2) discontinue breastfeeding and begin bottle feeding.

6. IN DISAGREEMENT AND UNCERTAIN

On the remaining 23 indications (8%) rated as uncertain and in disagreement, panelists were broadly divided as to whether the indication was appropriate, inappropriate, or uncertain (see Exhibit 9). See Appendix E-6 "In disagreement" and "Uncertain" rated indications, for a complete list of indications (n=23) where the panelists were broadly divided or uncertain whether an indication was appropriate.

Exhibit 9-Indications rated with disagreement and uncertain

Indications Rating	Inappropriate	***Uncertain***	Appropriate	Totals
Agreement	13 (5%)	3 (1%)	201 (71%)	**217** (76%)
Disagreement	18 (6%)	***23 (8%)***	27 (10%)	**68** (24%)
	31 (11%)	**26** (9%)	**228** (80%)	285

A summary of the procedures on which the panelists broadly differed in their ratings as to whether the indications were inappropriate or appropriate or where the panelists felt there was insufficient evidence to make a rating is provided below and is organized by topic.

Section 6: Summary of Indications Related to Pregnancy

Pregnancy Counseling

- A woman who is stable on naltrexone for opioid use disorder and states an intention to become pregnant should be (1) advised to discontinue naltrexone and begin treatment with an opioid agonist medication or (2) begin non-MAT.
- A woman who is stable on naltrexone for opioid use disorder and becomes pregnant should be advised to discontinue naltrexone and begin MAT with either methadone or buprenorphine.

Medically supervised withdrawal

- A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) or methadone for opioid use disorder can have medically supervised withdrawal from MAT during the second trimester, if the benefits outweigh the risks.

Treatment for Pregnant Women Who Relapse to Substance Use

- A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who relapses to opioid use should be transferred to methadone.

Section 6: Summary of Indications Related to Postnatal Issues

Pain relief

- A woman who is stable on buprenorphine (or, buprenorphine/naloxone), or methadone for opioid use disorder and requests pain relief for postpartum days 1 to 3 should receive

adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.

- A woman who is stable on methadone for opioid use disorder and requests pain relief post-C Section days 1 to 4 should receive adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.

Treatment for Infants Exhibiting NAS

- An infant who exhibits moderate to severe signs of NAS should be managed with nonpharmacologic interventions in a formal protocol for NAS and, when needed, pharmacotherapy with sublingual buprenorphine.

Counseling for Potential Neurodevelopment Issues

- A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder should be informed that intrauterine naltrexone exposure is not known to be associated with subsequent developmental problems.
- A mother who was treated with naltrexone whose child now has developmental delay should be informed that intrauterine naltrexone exposure is not known to be associated with subsequent developmental problems.

Dose Adjustment or Change of Medications After Delivery and Issues Relating to Breastfeeding

- A new mother who is stable on buprenorphine and complains of cravings should be considered for transition to (1) methadone or (2) naltrexone.
- A new mother who is stable on buprenorphine and chooses to discontinue buprenorphine and begin extended-release injectable naltrexone should be advised to continue buprenorphine.
- A new mother who is breastfeeding her infant and who is stable on methadone or buprenorphine and chooses to discontinue methadone or buprenorphine and begin extended-release injectable naltrexone (1) may attempt to withdraw from the previous medication under close supervision and with increased behavioral supports and (2) should be advised to discontinue breastfeeding and begin bottle feeding.
- A new mother who discontinued buprenorphine or methadone after giving birth could begin naltrexone if she is abstinent from opioids. She should be advised that she should bottle feed her infant.

Treatment for New Mothers Who Relapse to Substance Use

- A new mother who is breastfeeding her infant and who was previously stable on methadone and who has relapsed to opioid use (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to continue breastfeeding according to current guidelines.

- A new mother who is breastfeeding her infant and on naltrexone who relapses to opioid use should receive increased behavioral interventions and be transitioned to an opioid agonist medication. She should be advised that she can continue to breastfeed her infant safely if she is breastfeeding.
- A new mother who is bottle feeding her infant and on naltrexone who relapses to tobacco use should (1) receive increased behavioral interventions and consideration should (2) be given to transitioning her to an opioid agonist medication if she is bottle feeding.

Deferred Indications

7. DEFERRED FROM ADDITIONAL DISCUSSION

Before the in-person Expert Panel session was convened, ratings on 27 indications marked with disagreement or uncertainty in the first round of reviews were labeled "deferred." They were not selected for additional discussion because they met the deferral criteria. See Appendix E-7 Deferred Indications, for a complete list of indications (n=27) on which the panelists were broadly divided or uncertain whether an indication was appropriate and which met the deferral criteria.

Deferral Characteristics

Indications with these deferral characteristics were not presented at the in-person Expert Panel meeting for additional discussion and re-rating. The indications labeled "deferred" were decisions regarding the treatment plan that were to be made by the healthcare provider and mother, after careful consideration of individual circumstances.

- Need for detailed patient assessment
- Individualized risk–benefit analysis
- Maternal autonomy (freedom to determine one's own actions and behaviors)
- Provider confidence/preference
- Availability of resources and facilities

The deferred indications were not discussed at the in-person session but will be addressed in the guide as topics that require further discussion between the patient and healthcare provider.

Section 7: Summary of Indications Related to Pregnancy

Pregnancy Counseling

- A pregnant woman with opioid use disorder should be screened by a self-completed formal screening instrument for other substance use when she comes in for the first time at delivery

Treatment for Pregnant Women Who Relapse to Substance Use

- A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who relapses to opioid use should be transferred to methadone.

Section 7: Summary of Indications Related to Postnatal Issues

Dose Adjustment or Change of Medications After Delivery and Issues Relating to Breastfeeding

- A new mother who is stable on buprenorphine and chooses to discontinue buprenorphine and begin extended-release injectable naltrexone should be advised to continue buprenorphine.
- A new mother who is stable on buprenorphine and complains of cravings should be considered for transition to (1) methadone or (2) naltrexone.
- A new mother who is breastfeeding her infant and who, against medical advice, chooses to discontinue buprenorphine or methadone and begin extended-release injectable naltrexone may (1) attempt to withdraw from buprenorphine or methadone under close supervision and with increased behavioral supports, (2) be counseled to continue breastfeeding according to current guidelines, or (3) to discontinue breastfeeding[10].
- A new mother who discontinued buprenorphine or methadone after giving birth could begin naltrexone if she is abstinent from opioids.
- A new mother who discontinued buprenorphine or methadone after giving birth could begin naltrexone but should be counseled with regards to infant feeding.

Treatment for New Mothers Who Relapse to Substance Use

- A new mother who was previously stable on buprenorphine but has relapsed to opioid use should be considered for transitioning to methadone.
- A new mother who was previously stable on methadone and has relapsed to opioid use (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled on breastfeeding practices.
- A new mother on naltrexone who relapses to opioid use should receive increased behavioral interventions and be transitioned to an opioid agonist medication. She should be counseled on breastfeeding practices.
- A new mother on naltrexone who relapses to marijuana use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist medication (1) if she is bottle feeding or (2) if she is advised to discontinue breastfeeding.
- A new mother who is bottle feeding her infant and on naltrexone who relapses to alcohol use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist medication if she is bottle feeding.

[10] In order for the expert panel to rate all the options a healthcare professional might consider in a clinical setting, indications were created for opposing recommendations. In this case, the expert panel disagreed on whether the mother should continue or discontinue breastfeeding. Situations such as this will be addressed when this report is translated into clinical guide.

Deferred indications

- A new mother who is breastfeeding her infant and who was previously stable on methadone but has relapsed to alcohol use should be (1) assessed for both additional behavioral intervention and dose adjustment and (2) advised to continue breastfeeding according to current guidelines.
- A new mother who was previously stable on methadone or naltrexone but has relapsed to tobacco use should be (1) assessed for both additional behavioral intervention and dose adjustment if she is bottle feeding, and (2) advised to discontinue breastfeeding and begin bottle feeding.

Indications' Linkage to Evidence

Of the 285 indications used at the RAM in-person meeting with the Expert Panel and senior advisors, 97 (34%) had at least one research paper or clinical trial study linked to them (see Exhibit 10). The percentage of indications rated with "in agreement" that were linked to evidence after the Expert Panel meeting was 29%, whereas the percentage of indications that had no evidence tied directly to them was 47%. The percentage of indications rated with "in disagreement" that was linked to evidence after the Expert Panel meeting was 5%, whereas the percentage that had no evidence tied directly to them was 19%.

This analysis revealed that nearly two-thirds of the individual indications had no robust evidence base, and the panelists had to rely on summary statements from the guides or on their clinical experience to make a decision when rating the indications. In many cases, there were only a few individual papers, or the papers had insufficient statistical power, to support strong recommendations to promote or discourage a particular treatment practice.

Exhibit 10: Status of Evidence and Agreement in Indications

Indications	With Evidence	Without Evidence
Rated as "in agreement"	82 (29%)	134 (47%)
Rated as "in disagreement"	15 (5%)	54 (19%)

Review by the Federal Steering Committee

SAMHSA convened the FSC after the Expert Panel in-person meeting to receive a briefing on the results and to solicit its feedback. In particular, SAMHSA asked the committee to consider in more detail the following topics:

- Medication selection (e.g., methadone, buprenorphine, buprenorphine-naloxone, naltrexone)
- Switching a mother's medication during pregnancy
- Detoxification during pregnancy
- Pharmacotherapy for infant with NAS
- Birth defects/developmental delays
- Breastfeeding
- Relapse to substance use
- Use of naltrexone
- Comorbid conditions

As a result of this meeting, SAMHSA was charged with:

- Asking FDA to give an official statement that will include key symptoms of neonatal opioid withdrawal syndrome (NOWS) and will state NOWS is a subset of NAS.

- Creating a table in the guide defining NAS and NOWS
- Following up with FDA about updates on labeling across products for consistency in use during pregnancy
- Following up with HRSA regarding dissemination of the guide. In particular, to discuss whether HRSA will reach out to its contacts directly or whether HRSA will share its contacts with SAMHSA Office of Communications so SAMHSA can reach out to the audience directly

CHAPTER V. CLINICAL TRANSLATION OF THE RAM PROCESS: NEXT STEPS

After two rounds of review by the Expert Panelists, a final list of 285 indications remained. The indications were rated 76% "in agreement" and 24% "in disagreement." Selected indications were discussed in the second review, at the Expert Panel in-person meeting.

This RAM process was driven by the knowledge that there is insufficient evidence guiding healthcare providers and parents as to appropriate treatments for pregnant mothers with opioid use disorder and their infants. In many situations, until additional research is completed, healthcare providers will need to rely on a combination of evidence-based practices and their clinical experiences to make treatment recommendations. The clinical guide will address this need directly.

After completion of the literature review, generation of the indications, and the Expert Panel RAM rating process—all described in this report—the final step will be to prepare a clinical guide that contains practical recommendations for healthcare providers, together with areas for future research. The clinical guide will be structured around the indications where there was agreement, but it will also include indications where there was disagreement or uncertainty, whose status will be clearly delineated. For example, 27 indications were labeled "deferred" after consideration by SAMHSA, the Expert Panelists, and FSC. These indications are considered to be areas in which the healthcare provider and parents will need to make decisions based on numerous variables; they should be considered on a case-by-case basis. These indications will be discussed in the guide with attention to the need for carefully considered and individualized decisionmaking.

NEXT STEPS: THE CLINICAL GUIDE

The RAM process described in this report was carried out for the purpose of producing a clinical guide that will be written to facilitate optimal management of pregnant and parenting women with opioid use disorder and their infants across disciplines and treatment settings. It will have a dual purpose: first, to serve as a tool that will increase provider willingness and confidence to manage pregnant and parenting women with opioid use disorder and their infants; and second to help ensure the care provided this population optimizes the outcomes for both mother and infant.

As the purpose of this effort is to produce a patient-centered guide to be used in a range of clinical settings, SAMHSA envisions organizing the results described in this report around clinical scenarios and interventions consistent with the range of ways that women with opioid use disorder may access treatment or maternity care and providing options for clinical interventions that recognize the complexities of patients' lives. It will have to include discussion of any conflicting evidence or clinician, treatment, or patient variables that directly influence the appropriateness or effectiveness of a given clinical intervention. It will include discussions on clinical questions that have little or no published evidence to support specific interventions, explicitly noting the poverty of the evidence. In addition, it will present options based on current clinical practice, paired with the risks and benefits of each option as currently understood.

Before beginning final development of the guide, a *Federal Register* notice has been published soliciting public comment on the two general areas: the outcome of the RAM process and the clinical translation of these findings into a clinical guide. Relevant public comments will inform the development and final appearance of the guide. Members of the Expert Panel, FSC, and a variety of professional societies will be asked to provide input into the outline and drafting of the guide that will then be subject to a formal federal clearance process including scientific review. The final product will be a SAMHSA publication that will be extensively disseminated to healthcare providers and made publicly available at http://store.samhsa.gov.

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APPENDIX A

ACKNOWLEDGMENTS AND RAM PROCESS PARTICIPANTS

Acknowledgments

We are grateful for the significant time and effort put in by the Expert Panel Chair, Hendrée Jones, PhD, and the work done by the Federal steering committee and expert panel members.

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Input from Stacey Klaman MPH, Kea Turner, MPH, MA, and McLean Pollock, PhD, MSW, LCSW of the University of North Carolina at Chapel Hill is acknowledged with gratitude.

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APPENDIX B
LITERATURE REVIEW SEARCH METHODS

Search Method 1

For the first search method, SAMHSA staff extracted relevant peer-reviewed primary research articles from the bibliographies of four recent guidelines devoted to treating pregnant and parenting women and from a recently compiled annotated bibliography:

- The American Society of Addiction Medicine's (ASAM) *National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use* (2015)
- The World Health Organization's (WHO) *Guidelines for the identification and management of substance use and substance use disorders in pregnancy* (2014)
- The American Academy of Pediatrics' (AAP) *Clinical Report: Neonatal Drug Withdrawal* (2012)
- The American Congress of Obstetricians and Gynecologists' (ACOG) *Opioid Abuse, Dependence and Addiction in Pregnancy* (2012)
- The International Women's and Children's Health and Gender Group's 2014 annotated bibliography.

SAMHSA staff extracted a total of 404 articles. Articles that were cited more than once across the guides and bibliography were considered "critical articles" and were selected for inclusion, resulting in 29 articles. Of the 29 articles, 2 articles were cited 5 times, 4 were cited 4 times, 3 were cited 3 times, and 20 were cited twice. To identify additional essential articles, SAMHSA staff also reviewed the titles and abstracts of the articles cited only once. That review resulted in 12 additional articles selected for inclusion in this literature review. Thus, search method 1 resulted in 41 articles for in-depth review.

Search Method 2

The second search method involved replicating the literature search method used in the WHO guidelines to identify additional articles published between April 2013 and April 2015. This search resulted in 467 articles. To identify additional articles specific to this project, SAMHSA staff conducted another search by modifying and adding to the WHO search terms. Consistent with the WHO method, the librarian searched PubMed, PsychInfo, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Embase, and CENTRAL (Cochrane Center Register of Controlled Trials) databases.

This search method yielded 819 articles. Combining the two strategies resulted in a total of 1,286 articles. Of those, SAMHSA staff excluded 1,158 articles (531 duplicates, 12 animal studies, 19 foreign language papers, 3 conference papers and abstracts, and 593 articles that did not match the purpose of this literature review), yielding a final of 128 articles from search method 2.

SAMHSA then independently reviewed the 169 articles from search methods 1 and 2 in depth for a second time for relevance to the topic of opioid disorder in pregnant and parenting women. As a result, the list was reduced from 169 to 110 articles.

Search Method 3

SAMHSA then presented this list of the 110 articles to the expert panel and Federal steering committee for their review (see Chapter I for a list of the 14 Federal agencies represented in the Federal steering committee).

The Federal steering committee members recommended a review of NIDA grantee publications from the 2-year period in question. That review identified 74 articles, of which 46 had not been previously identified in the first two search methods.

Expert panel members recommended including 12 additional articles. Exclusion criteria were the same as for searches 1 and 2, namely: (1) no review papers, (2) no commentaries, and (3) the articles must focus on opioid-use and misuse in pregnant women or the effects of prenatal opioid use disorder on offspring, both immediate and long-term effects.

After applying the exclusion criteria, SAMHSA added a total of seven papers to the list.

At the conclusion of the third search method, SAMHSA conducted a final overview to remove repetitive findings and cull for articles with insufficient numbers of subjects or inappropriate use of statistical methods. SAMHSA selected a final list of 75 articles (see Appendix C) to identify relevant evidence regarding treatment of pregnant and parenting women with opioid use disorders. SAMHSA created an abstraction table to extract the relevant evidence in the 75 articles.

APPENDIX C
RAM REFERENCE LIST

Guidelines

American Academy of Pediatrics Committee on Drugs (2012). Clinical Report Neonatal Drug Withdrawal (revised)-Guidance for the Clinician in Rendering Pediatric Care. http://www.sbp.com.br/pdfs/Clinical_Report-Neonatal_Drug_Withdrawal_2012.pdf

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APPENDIX D

ALL INDICATIONS – PRESENTED BY CHAPTER (n=285)

Indication #: Unique code for each indication

Scene: Setting for an indication, to give broader context

Indication: Actual procedure to be rated

Variable: An individual option for a given indication

Rating: Number of raters who selected a rating value (1–9) for a given indication

Median: Median rating score for an indication

Agreement: Final appropriateness rating of an indication "in agreement" or "in disagreement"

Appropriateness: Final rating of an indication as "appropriate" or "inappropriate"

Supporting Evidence: Citations provided to the expert panelists

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1ai	A pregnant opioid-dependent woman comes into the health center for prenatal care.	A. A pregnant opioid-dependent woman should be screened for other substance use at presentation for care	by interview	1 2 3 | 4 5 6 | 7 8 9 | | | | 1 1 7 |	9	Agreement	Appropriate	
Ch1Ind1aii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	A. A pregnant opioid-dependent woman should be screened for other substance use at presentation for care	by self-completed formal screening instrument	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 3 3 |	8	Agreement	Appropriate	
Ch1Ind1aiii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	A. A pregnant opioid-dependent woman should be screened for other substance use at presentation for care	by urine toxicology	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 2 4 |	8	Agreement	Appropriate	

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1aiv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	A. A pregnant opioid-dependent woman should be screened for other substance use at presentation for care	by review of state prescription drug monitoring database	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 1 3 3 |	8	Agreement	Appropriate	
Ch1Ind1bi	A pregnant opioid-dependent woman comes into the health center for prenatal care.	B. When gathering information about substance use from an opioid-dependent pregnant woman, education and counselling about possible _____of medication-assisted treatment and illicit drug use should be provided.	social consequences	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 4 4 |	8	Agreement	Appropriate	Buckley et al., 2013; Patrick et al., 2012
Ch1Ind1bii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	B. When gathering information about substance use from an opioid-dependent pregnant woman, education and counselling about possible _____of medication-assisted treatment and illicit drug use should be provided.	legal consequences	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 | 2 3 |	8	Disagreement	Appropriate	

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1biii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	B. When gathering information about substance use from an opioid-dependent pregnant woman, education and counselling about possible _____of medication-assisted treatment and illicit drug use should be provided.	medical consequences for herself and her infant	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Hans, 1989; Hulse et al., 1997; Jansson et al., 2012; Kahila et al., 2007; Kandall et al., 1977; Kelly et al., 2012; Patel et al., 2013; Patrick et al., 2012; Patrick, Dudley, Martin et al., 2015
Ch1Ind1c	A pregnant opioid-dependent woman comes into the health center for prenatal care.	C. A pregnant opioid-dependent woman should receive Screening, Brief Intervention, and Referral to Treatment (SBIRT) for possible other substance use.		1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 4 |	8	Agreement	Appropriate	
Ch1Ind1di	A pregnant opioid-dependent woman comes into the health center for prenatal care.	D. A pregnant opioid-dependent woman should be screened for comorbid mental health conditions	at presentation for care.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Benningfield et al., 2012
Ch1Ind1dii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	D. A pregnant opioid-dependent woman should be screened for comorbid mental health conditions	prior to discharge from the hospital post-partum.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1diii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	D. A pregnant opioid-dependent woman should be screened for comorbid mental health conditions	at the post-partum outpa-tient ap-pointment.	1 2 3 | 4 5 6 | 7 8 9 | 1 8	9	Agreement	Appropriate	
Ch1Ind1ei	A pregnant opioid-dependent woman comes into the health center for prenatal care.	E. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the impact of this intervention on her baby's risk for neo-natal abstinence syndrome and lactation.	benzodiaze-pines	1 2 3 | 4 5 6 | 7 8 9 | 2 2 5	9	Agreement	Appropriate	Welle-Strand et al., 2013
Ch1Ind1eii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	E. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the impact of this intervention on her baby's risk for neo-natal abstinence syndrome and lactation.	SSRIs	1 2 3 | 4 5 6 | 7 8 9 | 4 5	9	Agreement	Appropriate	O'Connor et al., 2014; Patrick, Dudley, Martin et al, 2015

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1eiii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	E. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the impact of this intervention on her baby's risk for neonatal abstinence syndrome and lactation.	ampheta-mines	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 3 3 |	8	Agreement	Appropriate	Welle-Strand et al., 2013
Ch1Ind1eiv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	E. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the impact of this intervention on her baby's risk for neonatal abstinence syndrome and lactation.	other phar-macotherapy	1 2 3 | 4 5 6 | 7 8 9 | | | 2 3 4 |	8	Agreement	Appropriate	

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1fi	A pregnant opioid-dependent woman comes into the health center for prenatal care.	F. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the risks and benefits of using or not using this pharma-cotherapy to treat her condition.	benzodiaze-pines	1 2 3 | 4 5 6 | 7 8 9 | 3 6 |	9	Agreement	Appropriate	
Ch1Ind1fii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	F. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the risks and benefits of using or not using this pharma-cotherapy to treat her condition.	SSRIs	1 2 3 | 4 5 6 | 7 8 9 | 3 6 |	9	Agreement	Appropriate	

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1fiii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	F. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the risks and benefits of using or not using this pharmacotherapy to treat her condition.	ampheta-mines	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch1Ind1fiv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	F. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the risks and benefits of using or not using this pharmacotherapy to treat her condition.	other phar-macotherapy	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1gi	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	illicit substances	1 2 3 | 4 5 6 | 7 8 9 | | | | 1 1 7 |	9	Agreement	Appropriate	Jansson et al., 2012; Welle-Strand et al., 2013
Ch1Ind1gii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	misuse of licit substances	1 2 3 | 4 5 6 | 7 8 9 | | | | 1 2 6 |	9	Agreement	Appropriate	
Ch1Ind1giii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	tobacco	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 7 |	9	Agreement	Appropriate	Bakstad et al., 2009; Jones et al., 2013; Kaltenbach et al., 2012; Patrick, Dudley, Martin et al, 2015

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1giv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	alcohol	1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	
Ch1Ind1gv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	benzodiazepines	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	Jansson et al., 2012; Welle-Strand et al., 2013
Ch1Ind1gvi	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	amphetamines	1 2 3 | 4 5 6 | 7 8 9 | | | 2 2 5 |	9	Agreement	appropriate	Welle-Strand et al., 2013

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1gvii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	SSRIs	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	appropriate	Kaltenbach et al., 2012
Ch1Ind1h	A pregnant opioid-dependent woman comes into the health center for prenatal care.	H. A pregnant opioid-dependent woman's Prescription Drug Monitoring Program (PDMP) information should be checked and monitored as part of her routine management.		1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 3 3 |	8	Agreement	Appropriate	
Ch1Ind2ai	A pregnant opioid-dependent woman comes in for labor and delivery.	A. A pregnant opioid-dependent woman should be screened for other substance use at the time of delivery	by interview	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 4 4 |	8	Agreement	Appropriate	
Ch1Ind2aii	A pregnant opioid-dependent woman comes in for labor and delivery.	A. A pregnant opioid-dependent woman should be screened for other substance use at the time of delivery	by self-completed formal screening instrument	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 2 | 2 3 |	8	Disagreement	Appropriate	

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind2aiii	A pregnant opioid-dependent woman comes in for labor and delivery.	A. A pregnant opioid-dependent woman should be screened for other substance use at the time of delivery	by urine toxicology	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 4 3 |	8	Agreement	Appropriate	
Ch1Ind3a	An opioid-dependent pregnant woman has a disabling mental health condition and wants to discuss this diagnosis.	A. A pregnant woman with opioid dependence and untreated comorbid mental health conditions should be informed about the possible impact of her condition on neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | | | 8 1 |	8	Agreement	Appropriate	
Ch1Ind4ai	An opioid-dependent pregnant woman is considering taking SSRIs and wants to discuss taking this medication.	A. A pregnant woman with opioid dependence and comorbid _____treated with an SSRI should be informed that this pharmacotherapy is independently associated with neonatal abstinence syndrome and may worsen her baby's neonatal abstinence syndrome.	depression	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 3 2 |	8	Agreement	Appropriate	Kaltenbach et al., 2012

Chapter 1. All Opioid Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind4aii	An opioid-dependent pregnant woman is considering taking SSRIs and wants to discuss taking this medication.	A. A pregnant woman with opioid dependence and comorbid _____treated with an SSRI should be informed that this pharmacotherapy is independently associated with neonatal abstinence syndrome and may worsen her baby's neonatal abstinence syndrome.	anxiety	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 2 2 |	7	Agreement	Appropriate	Kaltenbach et al., 2012

Chapter 2. Opioid Dependent Pregnant Women With No Prior Treatment

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch2Ind1ai	A pregnant woman who is dependent on opioids presents to an opioid treatment program requesting treatment.	A. A pregnant woman who is dependent on opioids should be started on	methadone.	1 2 3 | 4 5 6 | 7 8 9 | | | | 3 6 |	9	Agreement	Appropriate	Bakstad et al., 2009; Buckley et al., 2013; Fischer et al., 2006; Gaalema et al., 2012; Hulse et al., 1997; Jansson et al., 2011; Jansson et al., 2012; Kandall et al., 1977; Kelly et al., 2012; Konijnenberg et al., 2011; Lacroix et al., 2011
Ch2Ind1aii	A pregnant woman who is dependent on opioids presents to an opioid treatment program requesting treatment.	A. A pregnant woman who is dependent on opioids should be started on	buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 2 5 |	9	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Gaalema et al., 2012; Kakko et al., 2008; Jansson et al., 2011; Jones et al., 2014; Kahila et al., 2007; Konijnenberg et al., 2011; Lacroix et al., 2011; Meyer et al., 2015; Welle-Strand et al., 2013; Wiegand et al., 2015
Ch2Ind2a	A pregnant woman who is dependent on opioids presents to a healthcare facility requesting detoxification.	A. A pregnant woman who is dependent on opioids should be advised that detoxification is associated with high rates of relapse and is not the recommended course of treatment.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	

Chapter 2. Opioid Dependent Pregnant Women With No Prior Treatment

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch2Ind3a	A pregnant woman dependent on opioids requests detoxified and refuses maintenance therapy.	A. A pregnant woman who is dependent on opioids may be detoxified during the second trimester if the benefits outweigh the risk.		1 2 3 | 4 5 6 | 7 8 9 | | 1 | 5 3 |	7	Agreement	Appropriate	Lacroix et al., 2011; Lund et al., 2012
Ch2Ind4a	A pregnant woman with opioid use disorder (dependent on either analgesics or heroin) is in labor and requests pain relief.	A. If a pregnant woman with opioid use disorder (someone who is dependent on either analgesics or heroin) is in labor, she should be offered an epidural and short-acting opioid analgesics.		1 2 3 | 4 5 6 | 7 8 9 | | | 4 5 |	9	Agreement	Appropriate	
Ch2Ind5a	An opioid-dependent pregnant woman presents for treatment of opioid dependency.	A. A pregnant opioid-dependent women should be encouraged to stop smoking.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Jones et al., 2013; Kaltenbach et al., 2012; Patrick, Dudley, Martin et al, 2015

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind1ai	A woman stable on buprenorphine wants to have a baby.	A. A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who desires pregnancy should be advised	that there are no known increased risks of birth defects associated with buprenorphine at this time.	1 2 3 | 4 5 6 | 7 8 9 | | | | 1 3 5 |	9	Agreement	Appropriate	
Ch3Ind1aii	A woman stable on buprenorphine wants to have a baby.	A. A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who desires pregnancy should be advised	of the likelihood of the newborn experiencing neonatal abstinence syndrome if the woman conceives and gives birth while taking buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 7 |	9	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Lejeune et al., 2006; Kakko et al., 2008; Jones et al., 2014; Kahila et al., 2007; Lacroix et al., 2011; Meyer et al., 2015; O'Connor, O'Brien, Alto; 2013; Patel et al., 2013
Ch3Ind1b	A woman stable on buprenorphine wants to have a baby.	B. A woman on buprenorphine/naloxone for opioid use disorder who desires pregnancy should be switched to a buprenorphine-only product.		1 2 3 | 4 5 6 | 7 8 9 | 2 1 2 | 2 1 | 1 |	3	Disagreement	Inappropriate	
Ch3Ind2ai	A woman on buprenorphine finds out she is pregnant.	A. A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who becomes pregnant should be	switched to methadone.	1 2 3 | 4 5 6 | 7 8 9 | 4 3 | 1 1 | |	2	Agreement	Inappropriate	Lund et al., 2013; Meyer et al., 2015; Salisbury et al., 2012; Welle-Strand et al., 2013; Wiegand et al., 2015

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind2aii	A woman on buprenorphine finds out she is pregnant.	A. A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who becomes pregnant should be	switched to a buprenorphine-only product.	1 2 3 | 4 5 6 | 7 8 9 | 1 4 | 2 | 2 |	3	Disagreement	Inappropriate	Lund et al., 2013
Ch3Ind3a	A pregnant woman on buprenorphine complains of mild (or moderate or severe) withdrawal.	A. A pregnant woman previously stable on buprenorphine for opioid use disorder should be assessed for a dose increase if she complains of withdrawal symptoms.		1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch3Ind4ai	A pregnant woman previously stable on buprenorphine complains of cravings.	A. A pregnant woman previously stable on buprenorphine for opioid use disorder who complains of cravings	should be assessed for a dose increase.	1 2 3 | 4 5 6 | 7 8 9 | | | 5 4 |	8	Agreement	Appropriate	Jones et al., 2005
Ch3Ind4aii	A pregnant woman previously stable on buprenorphine complains of cravings.	A. A pregnant woman previously stable on buprenorphine for opioid use disorder who complains of cravings	should receive additional behavioral interventions.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 4 3 |	8	Agreement	Appropriate	
Ch3Ind4aiii	A pregnant woman previously stable on buprenorphine complains of cravings.	A. A pregnant woman previously stable on buprenorphine for opioid use disorder who complains of cravings	should be considered for transition to methadone maintenance therapy.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 4 | 1 |	6	Agreement	Uncertain	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind5ai	A pregnant woman stable on buprenorphine wants to decrease her dose so her baby has less withdrawal.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that the mother's dose of buprenorphine is not associated with the intensity of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 2 6 |	9	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Jones et al., 2014; Kahila et al., 2007; Lacroix et al., 2011
Ch3Ind5aii	A pregnant woman stable on buprenorphine wants to decrease her dose so her baby has less withdrawal.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be told about other evidence-based strategies for minimizing neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 2 4 |	8	Agreement	Appropriate	
Ch3Ind6ai	A woman stable on buprenorphine becomes pregnant and wishes to be withdrawn from medication.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wishes to be withdrawn from medication	should be advised that medically supervised withdrawal from medication-assisted treatment is not advisable during pregnancy due to the stress on the fetus and risk of relapse.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 3 3 1 |	7	Agreement	Appropriate	Lund et al., 2013

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind6aii	A woman stable on buprenorphine becomes pregnant and wishes to be withdrawn from medication.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wishes to be withdrawn from medication	should be advised that medically supervised withdrawal from medication-assisted treatment can be undertaken during the second trimester, if the benefits outweigh the risks.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 2 | 3 1 |	6	Disagreement	Uncertain	
Ch3Ind7ai	A pregnant woman stable on buprenorphine wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that smoking cessation may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Jones et al., 2013; Kaltenbach et al., 2012
Ch3Ind7aii	A pregnant woman stable on buprenorphine wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that cessation of other drug use may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 1 3 |	7	Agreement	Appropriate	Welle-Strand et al., 2013

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind7aiii	A pregnant woman stable on buprenorphine wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that breastfeeding may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 4 2 |	8	Agreement	Appropriate	
Ch3Ind7aiv	A pregnant woman stable on buprenorphine wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that non-pharmacological interventions for the infant may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 | 2 1 2 |	7	Disagreement	Appropriate	
Ch3Ind8ai	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	can receive epidural or spinal anesthesia.	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	Jones et al., 2006; Meyer et al., 2010

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind8aii	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	should receive adequate relief from her regular dose of buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 1 | | 1 1 |	2	Agreement	Inappropriate	
Ch3Ind8aiii	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	should receive adequate relief from an increase in her regular dose of buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 3 2 | 3 | 1 |	2	Disagreement	Inappropriate	
Ch3Ind8aiv	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 7 |	9	Agreement	Appropriate	
Ch3Ind8av	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 | 2 4 |	7	Disagreement	Appropriate	Jones et al., 2006

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind8avi	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Meyer et al., 2010
Ch3Ind9a	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests information on postpartum pain relief before delivery.	A. A woman who is stable on buprenorphine for opioid use disorder should receive education about intra- and postpartum pain relief prior to delivery.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	Jones et al., 2006
Ch3Ind10ai	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder relapses to opioid use	should be transferred to methadone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 4 1 | 2 1 |	5	Disagreement	Uncertain	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind10aii	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder relapses to opioid use	should have her dose of buprenorphine assessed for effectiveness.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 4 4 |	8	Agreement	Appropriate	
Ch3Ind10aiii	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder relapses to opioid use	should receive additional behavioral interventions.	1 2 3 | 4 5 6 | 7 8 9 | | | 4 5 |	9	Agreement	Appropriate	
Ch3Ind10aiv	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder relapses to opioid use	should be referred for a higher level of care.	1 2 3 | 4 5 6 | 7 8 9 | | | 4 3 2 |	8	Agreement	Appropriate	
Ch3Ind11ai	A pregnant woman, on buprenorphine treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should receive behavioral interventions for these substance use disorders.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 2 5 |	9	Agreement	Appropriate	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind11aii	A pregnant woman, on buprenorphine treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should receive pharmacologic interventions for these substance use disorders.	1 2 3 | 4 5 6 | 7 8 9 | | 3 | 4 2 |	7	Agreement	Appropriate	
Ch3Ind11aiii	A pregnant woman, on buprenorphine treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should be referred for a higher level of services.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 2 3 |	8	Agreement	Appropriate	

Chapter 4. Opioid Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind1ai	A woman stable on methadone wants to have a baby.	A. A woman on methadone for opioid use disorder who desires pregnancy should be advised	that there are no known increased risks of birth defects associated with methadone at this time.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch4Ind1aii	A woman stable on methadone wants to have a baby.	A. A woman on methadone for opioid use disorder who desires pregnancy should be advised	of the likelihood of the newborn experiencing neonatal opioid withdrawal syndrome if she conceives and gives birth on methadone.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Gaalema et al., 2012; Holbrook, 2012; Kandall et al., 1977; Lacroix et al., 2011; Lejeune et al., 2006; Wiegand et al., 2015
Ch4Ind1b	A woman stable on methadone wants to have a baby.	B. A woman on methadone for opioid use disorder who desires pregnancy should be switched to a buprenorphine-only product.		1 2 3 | 4 5 6 | 7 8 9 | 3 5 1 | | |	2	Agreement	Inappropriate	Gaalema et al., 2012; Holbrook, 2012; Jansson et al., 2011; Jones et al., 2014; Kahila et al., 2007; Lacroix et al., 2011; Meyer et al., 2015; Salisbury et al., 2012; Welle-Strand et al., 2013

Chapter 4. Opioid Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind2a	A pregnant woman on methadone complains of mild (or moderate or severe) withdrawal.	A. A pregnant woman previously stable on methadone for opioid use disorder should be assessed for a dose increase if she complains of withdrawal symptoms.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch4Ind3ai	A pregnant woman previously stable on methadone complains of cravings.	A. A pregnant woman previously stable on methadone for opioid use disorder who complains of cravings	should be assessed for a dose increase.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 4 4 |	8	Agreement	Appropriate	Jones et al., 2005
Ch4Ind3aii	A pregnant woman previously stable on methadone complains of cravings.	A. A pregnant woman previously stable on methadone for opioid use disorder who complains of cravings	should receive additional behavioral interventions.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch4Ind4ai	A pregnant woman stable on methadone wants to decrease her dose so her baby has less withdrawal.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that the mother's dose of methadone is not associated with the intensity of neonatal opioid withdrawal and be advised of other evidence-based strategies for minimizing neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 1 2 4 |	8	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Kandall et al., 1977; Lejeune et al., 2006

Chapter 4. Opioid Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind4aii	A pregnant woman stable on methadone wants to decrease her dose so her baby has less withdrawal.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be told about other evidence-based strategies for minimizing neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 1 2 5 |	9	Agreement	Appropriate	Jones et al., 2014; Kahila et al., 2007; Lacroix et al., 2011; Lund et al., 2012
Ch4Ind5a	A pregnant woman stable on methadone wants to switch to buprenorphine so her baby has less withdrawal.	A. A pregnant woman stable on methadone who wants to switch to buprenorphine so the baby will have milder or shorter neonatal opioid withdrawal should not be switched to buprenorphine.		1 2 3 | 4 5 6 | 7 8 9 | 1 1 | | 1 5 1 |	8	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Gaalema et al., 2012; Holbrook, 2012; Lacroix et al., 2011; Lejeune et al., 2006
Ch4Ind6ai	A woman stable on methadone becomes pregnant and wishes to be withdrawn from medication.	A. A pregnant woman stable on methadone for opioid use disorder who wishes to be withdrawn from medication	should be advised that medically supervised withdrawal from medication-assisted treatment is not advisable during pregnancy due to the stress on the fetus and risk of relapse.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 5 2 |	8	Agreement	Appropriate	

Chapter 4. Opioid Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind6aii	A woman stable on methadone becomes pregnant and wishes to be withdrawn from medication.	A. A pregnant woman stable on methadone for opioid use disorder who wishes to be withdrawn from medication	should be advised that medically supervised withdrawal from medication-assisted treatment can be undertaken during the second trimester, if the benefits outweigh the risks.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 2 | 4 |	6	Disagreement	Uncertain	Ruwanpathirana et al., 2015
Ch4Ind7ai	A pregnant woman stable on methadone wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that smoking cessation may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 1 2 5 |	9	Agreement	Appropriate	Bakstad et al., 2009; Jones et al., 2013; Kaltenbach et al., 2012
Ch4Ind7aii	A pregnant woman stable on methadone wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that cessation of other drug use may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 1 4 |	8	Agreement	Appropriate	Welle-Strand et al., 2013

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind7aiii	A pregnant woman stable on methadone wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that breastfeeding may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 2 3 |	8	Agreement	Appropriate	Ruwanpathirana et al., 2015
Ch4Ind7aiv	A pregnant woman stable on methadone wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that non-pharmacological interventions for the infant may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 3 1 4 |	8	Agreement	Appropriate	
Ch4Ind8ai	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	can receive epidural or spinal anesthesia.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Jones et al., 2006
Ch4Ind8aii	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	should receive adequate relief from her regular dose of methadone.	1 2 3 | 4 5 6 | 7 8 9 | 2 3 3 | | 1 |	2	Agreement	Inappropriate	

Chapter 4. Opioid Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind8aiii	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	should receive adequate relief from an increase in her regular dose of methadone.	1 2 3 | 4 5 6 | 7 8 9 | 2 2 2 | 2 | 1 |	3	Disagreement	Inappropriate	
Ch4Ind8aiv	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 7 |	9	Agreement	Appropriate	
Ch4Ind8av	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | | 1 2 | 2 1 3 |	7	Disagreement	Appropriate	Jones et al., 2006
Ch4Ind8avi	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 6 2 |	8	Agreement	Appropriate	Meyer et al., 2007
Ch4Ind9a	A woman who is stable on methadone for opioid use disorder and requests information about pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder should receive education about intra- and postpartum pain relief prior to delivery.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Jones et al., 2006

Chapter 4. Opioid Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind10ai	A pregnant woman, previously stable on methadone treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on methadone for opioid use disorder and who relapses to opioid use	should have her dose of methadone assessed for effectiveness.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch4Ind10aii	A pregnant woman, previously stable on methadone treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on methadone for opioid use disorder and who relapses to opioid use	should receive additional behavioral interventions.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch4Ind10aiii	A pregnant woman, previously stable on methadone treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on methadone for opioid use disorder and who relapses to opioid use	should be referred for a higher level of care.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 2 4 |	8	Agreement	Appropriate	
Ch4Ind11ai	A pregnant woman, on methadone treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on methadone for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should receive behavioral interventions for these substance use disorders.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 1 1 6 |	9	Agreement	Appropriate	

Chapter 4. Opioid Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind11aii	A pregnant woman, on methadone treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on methadone for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should be evaluated for pharmacologic interventions for these substance use disorders.	1 2 3 | 4 5 6 | 7 8 9 | | | 6 3 |	8	Agreement	Appropriate	
Ch4Ind11aiii	A pregnant woman, on methadone treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on methadone for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should be referred for a higher level of services.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 1 3 |	7	Agreement	Appropriate	

Chapter 5. Opioid Dependent Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch5Ind1ai	A woman stable on naltrexone wants to have a baby.	A. A woman who is stable on naltrexone for opioid use disorder and desires pregnancy should be advised to discontinue naltrexone and	begin treatment with an opioid agonist.	1 2 3 | 4 5 6 | 7 8 9 | | 4 2 | 2 1 |	6	Disagreement	Uncertain	
Ch5Ind1aii	A woman stable on naltrexone wants to have a baby.	A. A woman who is stable on naltrexone for opioid use disorder and desires pregnancy should be advised to discontinue naltrexone and	begin non-medication assisted treatment	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 3 1 | 1 1 1 |	5	Disagreement	Uncertain	
Ch5Ind2ai	A pregnant woman on naltrexone comes in to health provider office and presents for her next injection/refill.	A. A woman who is stable on naltrexone for opioid use disorder and becomes pregnant	should be advised to discontinue naltrexone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 5 2 | 1 |	5	Agreement	Uncertain	
Ch5Ind2aii	A pregnant woman on naltrexone comes in to health provider office and presents for her next injection/refill.	A. A woman who is stable on naltrexone for opioid use disorder and becomes pregnant	should be advised to discontinue naltrexone and begin medication-assisted treatment with either methadone or buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 4 1 | 1 1 |	5	Disagreement	Uncertain	

Chapter 5. Opioid Dependent Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch5Ind3ai	A woman becomes pregnant, misses or discontinues naltrexone, and relapses to opioid use.	A. A woman who discontinues naltrexone after becoming pregnant and relapses to opioid use	should begin buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 3 2 3 |	8	Agreement	Appropriate	
Ch5Ind3aii	A woman becomes pregnant, misses or discontinues naltrexone, and relapses to opioid use.	A. A woman who discontinues naltrexone after becoming pregnant and relapses to opioid use	should begin methadone maintenance therapy.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 5 3 |	7	Agreement	Appropriate	

Chapter N. Pharmacological Treatment for Newborns With Neonatal Abstinence Syndrome

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
ChN_Ind1ai	A newborn exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with tincture of opium.	1 2 3 | 4 5 6 | 7 8 9 | 7 1 | 1 | |	1	Agreement	Inappropriate	Coyle et al., 2002; Tolia et al., 2015
ChN_Ind1aii	A newborn exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with liquid oral morphine.	1 2 3 | 4 5 6 | 7 8 9 | | | 9 |	9	Agreement	Appropriate	Langenfeld et al. 2005; Tolia et al., 2015
ChN_Ind1aiii	A newborn exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with sublingual buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 3 2 | 1 1 |	5	Disagreement	Uncertain	Tolia et al., 2015

Chapter N. Pharmacological Treatment for Newborns With Neonatal Abstinence Syndrome

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
ChN_Ind1aiv	A newborn exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with oral methadone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 4 1 2 |	5	Agreement	Appropriate	Tolia et al., 2015
ChN_Ind1av	A newborn exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with clonidine.	1 2 3 | 4 5 6 | 7 8 9 | 2 2 2 | 1 1 | 1 |	3	Disagreement	Inappropriate	Tolia et al., 2015
ChN_Ind1avi	A newborn exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, adjuvant therapy with clonidine.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 5 3 |	8	Agreement	Appropriate	Agthe et al., 2009

Chapter N. Pharmacological Treatment for Newborns With Neonatal Abstinence Syndrome

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
ChN_Ind1avii	A newborn exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with phenobarbital.	1 2 3 | 4 5 6 | 7 8 9 | 5 1 1 | 1 | 1 |	1	Agreement	Inappropriate	Coyle et al., 2002
ChN_Ind1aviii	A newborn exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, adjuvant therapy with phenobarbital.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 2 3 |	8	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind1a	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	A. An infant born to a mother who misused opioids (analgesic or heroin) throughout her pregnancy should be monitored and managed with a formal protocol for neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Abdel-Latif et al., 2006
Ch6Ind1b	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	B. The management of an infant exhibiting neonatal abstinence syndrome should be informed by an interview with the mother about other substance and pharmacotherapy use during pregnancy and the clinical status of the infant.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 3 5 |	9	Agreement	Appropriate	Patrick, Dudley, Martin et al., 2015
Ch6Ind1c	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	C. The management of an infant exhibiting neonatal abstinence syndrome should be informed by toxicology screening of the mother to assess for other substance use.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 2 4 |	8	Agreement	Appropriate	
Ch6Ind1di	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	D. Infants at risk for neonatal abstinence syndrome could have toxicology testing on	meconium	1 2 3 | 4 5 6 | 7 8 9 | | | | 4 2 3 |	8	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind1dii	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	D. Infants at risk for neonatal abstinence syndrome could have toxicology testing on	urine	1 2 3 | 4 5 6 | 7 8 9 | | | 1 3 5 |	9	Agreement	Appropriate	
Ch6Ind1diii	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	D. Infants at risk for neonatal abstinence syndrome could have toxicology testing on	umbilical cord tissue	1 2 3 | 4 5 6 | 7 8 9 | | | 4 1 4 |	8	Agreement	Appropriate	
Ch6Ind2a	An infant is born with symptoms of neonatal abstinence syndrome to a mother who has opioid use disorder and who did not receive medication-assisted treatment prior to delivery.	A. MILD symptoms: An infant who exhibits mild signs of neonatal abstinence syndrome should be managed with non-pharmacologic interventions and monitored for development of more severe symptoms in a formal protocol for neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | 1 | | 2 4 2 |	8	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind2b	An infant is born with symptoms of neonatal abstinence syndrome to a mother who has opioid use disorder and who did not receive medication-assisted treatment prior to delivery.	B. An infant with neonatal abstinence syndrome that cannot maintain adequate hydration or loses weight despite optimal management should have a medical examination to rule out other potential medical conditions along with consideration given to a possible transfer to a neonatal intensive care unit.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	
Ch6Ind3ai	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should have home visitation and early intervention services.	1 2 3 | 4 5 6 | 7 8 9 | | | 3 1 5 |	9	Agreement	Aappropriate	
Ch6Ind3aii	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should have a home nursing consult.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 4 3 |	7	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind3aiii	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should have a social work consult prior to discharge.	1 2 3 | 4 5 6 | 7 8 9 | 2 2 5	9	Agreement	Appropriate	
Ch6Ind3aiv	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should have the mother educated about signs of withdrawal.	1 2 3 | 4 5 6 | 7 8 9 | 2 7	9	Agreement	Appropriate	
Ch6Ind3av	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should receive an early referral to a pediatrician who is knowledgeable about neonatal abstinence syndrome and accessible from the time of infant hospital discharge.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 5	9	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind4a	A mother whose baby received pharmacotherapy for neonatal abstinence syndrome wants to know what the consequences will be for her baby as he or she grows.	A. An infant who required pharmacotherapy for neonatal abstinence syndrome will benefit from a stable and enriched home environment.		1 2 3 | 4 5 6 | 7 8 9 | 1 3 5	9	Agreement	Appropriate	Messinger et al., 2004
Ch6Ind5a	A mother whose baby received pharmacotherapy for neonatal abstinence syndrome reports her baby continues to be fussy and have loose stools.	A. A mother who reports her baby, who completed a taper of opioids for neonatal abstinence syndrome, is fussy and having loose stools should have the baby evaluated by a medical provider.		1 2 3 | 4 5 6 | 7 8 9 | 1 | 3 1 4	8	Agreement	Appropriate	Gaalema et al., 2012
Ch6Ind6a	A mother whose baby has neonatal abstinence syndrome worries that he/she has/will have addiction.	A. A mother who is worried that neonatal abstinence syndrome will make her baby more likely to have a substance use disorder in adulthood should be told that future addiction is not a known consequence of neonatal abstinence syndrome		1 2 3 | 4 5 6 | 7 8 9 | 3 1 5	9	Agreement	Appropriate	Konijnenberg et al., 2011; Lifschitz et al., 1985

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind6b	A mother whose baby has neonatal abstinence syndrome worries that he/she has/will have addiction.	B. A mother who is worried that her history of opioid use disorder will make her baby more likely to have a substance use disorder should be counseled that there are genetic and social factors that increase the risk of addiction in children of people with substance use disorders, and that a stable, healthy home environment can reduce that risk.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	Lifschitz et al., 1985; Messinger et al., 2004; Wachman et al., 2013
These scenarios may occur months or years later:								
Ch6Ind7ai	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 2 2 3 |	8	Agreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985
Ch6Ind7aii	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind7aiii	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 3 4 |	8	Agreement	Appropriate	
Ch6Ind7aiv	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 4 2 |	8	Agreement	Appropriate	
Ch6Ind7av	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that enriching the child's home environment may bring about improvement	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 3 3 |	8	Agreement	Appropriate	Messinger et al., 2004
Ch6Ind8ai	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 | 2 1 3 |	7	Disagreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind8aii	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	
Ch6Ind8aiii	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 1 2 5 |	9	Agreement	Appropriate	
Ch6Ind8aiv	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	should have her child screened for early intervention purposes	1 2 3 | 4 5 6 | 7 8 9 | | | 2 3 4 |	8	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind8av	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	can be informed that enriching the child's home environment may bring about improvement	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 2 4 |	8	Agreement	Appropriate	Messinger et al., 2004
Ch6Ind9a	A mother whose child had neonatal abstinence syndrome reports the child is developmentally delayed and feels this is due to neonatal abstinence syndrome.	A. A mother whose child is developmentally delayed can be informed that neonatal abstinence syndrome at birth is not likely the cause of the child's problem.		1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 2 3 |	8	Agreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch7Ind1a	A woman stable on buprenorphine is concerned about whether she should breastfeed her baby.	A. A woman on buprenorphine and no contraindications should be encouraged to breastfeed her baby.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Abdel-Latif et al., 2006; Bakstad et al., 2009; Ilett et al., 2012; Jansson et al., 2008; O'Connor et al., 2013
Ch7Ind2a	The newborn whose mother was treated with buprenorphine exhibits symptoms of neonatal abstinence syndrome.	A. MILD signs: An infant who exhibits mild signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions and monitored for development of more severe symptoms with a formal, protocol for neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 2 5 |	9	Agreement	Appropriate	
Ch7Ind2b	The newborn whose mother was treated with buprenorphine exhibits symptoms of neonatal abstinence syndrome.	B. An infant with neonatal abstinence syndrome that cannot maintain adequate hydration or loses weight despite optimal management should have a medical examination to rule out other potential medical conditions along with consideration given to a possible transfer to a neonatal intensive care unit.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch7Ind3a	A mother who was treated with buprenorphine wants to know how best to manage neonatal abstinence syndrome.	A. A mother who is worried about the effects of intrauterine exposure to the buprenorphine used to treat her opioid use disorder should be given information on how neonatal abstinence syndrome is diagnosed and treated, the absence of known long-term consequences, and the importance of maternal drug treatment.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Jones et al., 2014; Kahila et al., 2007; Konijnenberg et al., 2011; Messinger et al., 2004
These scenarios would be post-discharge:								
Ch7Ind4a	A mother who was treated with buprenorphine and whose baby received pharmacotherapy for neonatal abstinence syndrome wants to know what the consequences will be for her baby as he/she grows.	A. A mother who is worried about her baby's intrauterine exposure to buprenorphine should be told that the benefits to her baby outweigh the risks of not receiving treatment.		1 2 3 | 4 5 6 | 7 8 9 | | | 3 2 4 |	8	Agreement	Appropriate	Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004; Sarfi et al., 2013
Ch7Ind5a	A mother who was treated with buprenorphine and whose baby received pharmacotherapy for neonatal abstinence syndrome reports her baby continues to be fussy and have loose stools.	A. A mother who reports her baby, who received pharmacotherapy for neonatal abstinence syndrome, is fussy and having loose stools should be evaluated by a medical provider.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 3 4 |	8	Agreement	Appropriate	Gaalema et al., 2012

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch7Ind6a	A mother who was treated with buprenorphine and whose baby has neonatal abstinence syndrome worries that he/she might be at risk for a substance use disorder in adulthood.	A. A mother who is worried that neonatal abstinence syndrome will make her baby more likely to have a substance use disorder in adulthood should be counseled that there are genetic and social factors that increase the risk of addiction in children of people with substance use disorders, and that a stable, healthy home environment can reduce that risk.		1 2 3 | 4 5 6 | 7 8 9 | 1 | | 1 3 4 |	8	Agreement	Appropriate	Lifschitz et al., 1985; Messinger et al., 2004; Wachman et al., 2013
These scenarios may be months or years later:								
Ch7Ind7ai	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 2 4 |	7	Disagreement	Appropriate	Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch7Ind7aii	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch7Ind7aiii	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 4 |	8	Agreement	Appropriate	
Ch7Ind7aiv	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch7Ind7av	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Messinger et al., 2004; Sarfi et al., 2013

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch7Ind8ai	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 2 4 |	7	Disagreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985
Ch7Ind8aii	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch7Ind8aiii	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 4 |	8	Agreement	Appropriate	

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch7Ind8aiv	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch7Ind8av	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	can be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 1 5 |	9	Agreement	Appropriate	Messinger et al., 2004

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind1a	A woman who is stable on methadone is concerned about whether she should breastfeed her baby.	A. A woman who is stable on methadone and who has no contraindications should be encouraged to breast-feed her baby.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 7	9	Agreement	Appropriate	Abdel-Latif et al., 2006; Bakstad et al., 2009; Jansson et al., 2008; Ruwanpathirana et al., 2015
Ch8Ind2a	A newborn whose mother was treated with metha-done exhibits symptoms of neonatal abstinence syn-drome.	A. MILD signs: An infant who exhibits mild signs of neonatal abstinence syn-drome should be managed with nonpharmacologic interventions and moni-tored for development of more severe symptoms with a formal, weight-based protocol for neonatal absti-nence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6		9	Agreement	Appropriate	
Ch8Ind2b	A newborn whose mother was treated with metha-done exhibits symptoms of neonatal abstinence syn-drome.	B. An infant with neonatal abstinence syndrome that cannot maintain adequate hydration or loses weight despite optimal manage-ment should have a medical examination to rule out other potential medical conditions along with con-sideration given to a possi-ble transfer to a neonatal intensive care unit.		1 2 3 | 4 5 6 | 7 8 9 | | | 3 6		9	Agreement	Appropriate	

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind3a	A mother who was treated with methadone wants to know how best to manage neonatal abstinence syndrome.	A. A mother who is worried about the effects on her baby of intrauterine exposure to the methadone used to treat her opioid use disorder should be given information on how neonatal abstinence syndrome is diagnosed and treated, the absence of known long-term consequences, and the importance of maternal drug treatment.		1 2 3 | 4 5 6 | 7 8 9 | 2 7	9	Agreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004; Ruwanpathirana et al., 2015
These scenarios would be post-discharge:								
Ch8Ind4a	A mother who was treated with methadone and whose baby received pharmacotherapy for neonatal abstinence syndrome wants to know what the consequences will be for her baby as he/she grows.	A. A mother who is worried about her baby's intrauterine exposure to methadone should be told that the benefits to her baby outweigh the risks of not receiving treatment.		1 2 3 | 4 5 6 | 7 8 9 | 1 | 3 1 4 |		Agreement	Appropriate	Hamilton et al., 2010; Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004; Rosen and Johnson, 1982; Sarfi et al., 2013
Ch8Ind5a	A mother who was treated with methadone and whose baby received pharmacotherapy for neonatal abstinence syndrome reports her baby continues to be fussy and have loose stools.	A. A mother who reports her baby, who completed a taper of opioids for neonatal abstinence syndrome, is fussy and having loose stools should be evaluated by a medical provider.		1 2 3 | 4 5 6 | 7 8 9 | 2 2 5 |	9	Agreement	Appropriate	Gaalema et al., 2012

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind6a	A mother who was treated with methadone and whose baby has neonatal abstinence syndrome worries that he/she might be at risk for a substance use disorder in adulthood.	A. A mother who is worried that neonatal abstinence syndrome will make her baby more likely to have a substance use disorder in adulthood should be counseled that there are genetic and social factors that increase the risk of addiction in children of people with substance use disorders and that a stable, healthy home environment can reduce that risk.		1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 1 2 4 |	8	Agreement	Appropriate	Lifschitz et al., 1985; Messinger et al., 2004; Wachman et al., 2013
These scenarios may be months or years later:								
Ch8Ind7ai	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome,	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 2 4 |	7	Disagreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011;Lifschitz et al., 1985; Messinger et al., 2004

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind7aii	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | | 1 2 6 |	9	Agreement	Appropriate	
Ch8Ind7aiii	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch8Ind7aiv	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	should have her child screened for early intervention purpose.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch8Ind7av	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	can be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 1 2 5 |	9	Agreement	Appropriate	Sarfi et al., 2013

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind8ai	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 2 4 |	7	Disagreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004;
Ch8Ind8aii	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch8Ind8aiii	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 5 |	9	Agreement	Appropriate	

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind8aiv	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch8Ind8aiv	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	can be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Messinger et al., 2004

Chapter 9. Infant Had Prenatal Naltrexone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch9Ind1ai	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should be informed that intrauterine naltrexone exposure is not known to be associated with subsequent developmental problems.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 4 | 2 1	6	Disagreement	Uncertain	
Ch9Ind1aii	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch9Ind1aiii	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | | 2 5 |	9	Agreement	Appropriate	

Chapter 9. Infant Had Prenatal Naltrexone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch9Ind1aiv	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 2 5 |	9	Agreement	Appropriate	
Ch9Ind1av	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Messinger et al., 2004
Ch9Ind1bi	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should be informed that intrauterine naltrexone exposure is not known to be associated with subsequent developmental problems.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 3 | 2 2 |	6	Disagreement	Uncertain	
Ch9Ind1bii	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	

Chapter 9. Infant Had Prenatal Naltrexone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch9Ind1biii	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 5 |	9	Agreement	Appropriate	
Ch9Ind1biv	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch9Ind1bv	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 2 5 |	9	Agreement	Appropriate	Messinger et al., 2004

Chapter 10. Opioid-Dependent Postnatal Women Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch10Ind1a	A woman who received no medication-assisted treatment during pregnancy but who has opioid use disorder requests contraception.	A. A woman with opioid use disorder who had no medication-assisted treatment during pregnancy should be counseled about and offered her preferred form of contraception postpartum.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Kakko et al., 2008
Ch10Ind1b	A woman who received no medication-assisted treatment during pregnancy but who has opioid use disorder requests contraception.	B. A woman with opioid use disorder who is now being treated with buprenorphine or methadone for the first time postnatally should be counseled about and offered her preferred form of contraception postpartum.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Kakko et al., 2008

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind1ai	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	should receive adequate relief from an increase in her regular dose of buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 2 | 1 | |	2	Agreement	Inappropriate	
Ch11Ind1aii	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 1 2 4 |	8	Agreement	Appropriate	
Ch11Ind1aiii	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 | | 2 1 |	3	Disagreement	Inappropriate	Jones et al., 2006
Ch11Ind1aiv	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | | 5 3 |	8	Agreement	Appropriate	Meyer et al., 2010

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind1av	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	should receive adequate relief from administration of a standard dose of a non-steroidal analgesic or acetaminophen.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 1 | 1 2 | 1 2 |	6	Disagreement	Uncertain	Jones et al., 2006
Ch11Ind2ai	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	should receive adequate relief from an increase in her regular dose of buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 2 | 1 | |	2	Agreement	Inappropriate	
Ch11Ind2aii	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 2 2 3 |	8	Agreement	Appropriate	
Ch11Ind2aiii	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	should receive adquate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 2 2 2 | | 2 1 |	3	Disagreement	Inappropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind2aiv	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 5 3 |	8	Agreement	Appropriate	
Ch11Ind2av	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	should receive adequate relief from administration of a standard dose of a non-steroidal analgesic or acetaminophen.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 3 | 1 | 1 2 |	3	Disagreement	Inappropriate	Jones et al., 2006
Ch11Ind3a	A woman stable on buprenorphine is concerned about whether she should breastfeed her baby.	A. In the absence of contraindications, a woman who is stable on buprenorphine should breastfeed.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Abdel-Latif et al., 2006; Bakstad et al., 2009; Ilett et al., 2012; O'Connor et al., 2013
Ch11Ind4ai	A woman stable on buprenorphine has recently given birth and complains of feeling drowsy and of falling asleep holding the baby.	A. A woman on buprenorphine who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for medical illness, relapse to substance use, and dose adjustment.	Under 21 days postpartum:	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Jones et al., 2008

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind4aii	A woman stable on buprenorphine has recently given birth and complains of feeling drowsy and of falling asleep holding the baby.	A. A woman on buprenorphine who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for medical illness, relapse to substance use, and dose adjustment.	Over 21 days postpartum	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Jones et al., 2008; Pace et al., 2014
Ch11Ind5ai	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings	Should be assessed for dose adjustment.	1 2 3 | 4 5 6 | 7 8 9 | | | 4 5 |	9	Agreement	Appropriate	
Ch11Ind5aii	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings	Should be considered for transition to methadone.	1 2 3 | 4 5 6 | 7 8 9 | | 2 4 | 3 |	6	Disagreement	Uncertain	
Ch11Ind5aiii	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings	Should be considered for transition to naltrexone.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 | 2 2 | 2 |	5	Disagreement	Uncertain	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind5aiv	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings	Should receive additional behavioral intervention.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 6 |	9	Agreement	Appropriate	
Ch11Ind6a	A mother is instructed/required by her mother/supportive housing counselor/probation officer to discontinue buprenorphine.	A. A new mother who is stable on buprenorphine but being instructed/required by her mother/supportive housing/corrections officer to discontinue buprenorphine should continue to take buprenorphine.		1 2 3 | 4 5 6 | 7 8 9 | | | 3 1 5 |	9	Agreement	Appropriate	
Ch11Ind7a	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who is stable on buprenorphine and chooses to discontinue buprenorphine and begin extended-release injectable naltrexone should be advised to continue buprenorphine.		1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 1 | 1 2 1 |	6	Disagreement	Uncertain	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7bi	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	B. A new mother who is stable on buprenorphine who chooses to discontinue buprenorphine and begin extended-release injectable naltrexone may attempt to withdraw from buprenorphine under close supervision and with increased behavioral supports should be counseled to _____	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | | 1 3 3 |	8	Agreement	Appropriate	
Ch11Ind7bii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	B. A new mother who is stable on buprenorphine who chooses to discontinue buprenorphine and begin extended-release injectable naltrexone may attempt to withdraw from buprenorphine under close supervision and with increased behavioral supports should be counseled to	continue breast-feeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 1 3 1 |	7	Disagreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7biii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	B. A new mother who is stable on buprenorphine who chooses to discontinue buprenorphine and begin extended-release injectable naltrexone may attempt to withdraw from buprenorphine under close supervision and with increased behavioral supports should be counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 | 2 1 | 1 1 |	5	Disagreement	Uncertain	
Ch11Ind7ci	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	C. A new mother who , against medical advice, chooses to discontinue buprenorphine and beginning extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports should be counseled to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 1 5 |	9	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7cii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	C. A new mother who , against medical advice, chooses to discontinue buprenorphine and beginning extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports should be counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 1 4 |	7	Disagreement	Appropriate	
Ch11Ind7ciii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	C. A new mother who , against medical advice, chooses to discontinue buprenorphine and beginning extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports should be counseled to _____.	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 2 4 1 | |	5	Agreement	Uncertain	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7d	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	D. A bottle-feeding new mother who, against medical advice, chooses to discontinue buprenorphine and begin using extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports.		1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 3 2 |	8	Agreement	Appropriate	
Ch11Ind8ai	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on buprenorphine and has relapsed to opioid use should be assessed for both additional behavioral intervention and dose adjustment and counseled to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 | 1 1 |1 1 |	2	Disagreement	Inappropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind8aii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on buprenorphine and has relapsed to opioid use should be assessed for both additional behavioral intervention and dose adjustment and counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 | 1 1 4 |	8	Disagreement	Appropriate	
Ch11Ind8aiii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on buprenorphine and has relapsed to opioid use should be assessed for both additional behavioral intervention and dose adjustment and counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 2 | 1 1 3 |	7	Disagreement	Appropriate	
Ch11Ind8bi	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	B. A new mother who was previously stable on buprenorphine but has relapsed to opioid use should	be assessed for dose adjustment.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind8bii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	B. A new mother who was previously stable on buprenorphine but has relapsed to opioid use should	be considered for transition to methadone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 1 3 1 |	7	Disagreement	Appropriate	
Ch11Ind8biii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	B. A new mother who was previously stable on buprenorphine but has relapsed to opioid use should	receive additional behavioral intervention.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch11Ind9ai	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on buprenorphine but has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment, and advised to.	continue bottle-feeding:	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 2 6 |	9	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9aii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on buprenorphine but has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue breastfeeding according to current guidelines	1 2 3 | 4 5 6 | 7 8 9 | 4 3 0 | | 2 |	2	Agreement	Inappropriate	
Ch11Ind9aiii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on buprenorphine but has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	discontinue breastfeeding	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 0 | 0 3 4 |	8	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9bi	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on buprenorphine but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue bottle-feeding:	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch11Ind9bii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on buprenorphine but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue breast-feeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 1 | 0 0 1 | 1 1 0|	2	Disagreement	Inappropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9biii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on buprenorphine but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 1 1 4 |	8	Disagreement	Appropriate	
Ch11Ind9ci	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on buprenorphine but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue bottle-feeding:	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9cii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on buprenorphine but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 2 | 1 | 1 1 |	3	Disagreement	Inappropriate	
Ch11Ind9ciii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on buprenorphine but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 2 | 3 2 1 |	7	Disagreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9di	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on buprenorphine but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue bottle-feeding:	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch11Ind9dii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on buprenorphine but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breast-feeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 3 3 1 |	7	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9diii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on buprenorphine but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 4 1 | 1 1 | 1 |	2	Disagreement	Inappropriate	
Ch11Ind10ai	A woman previously treated with buprenorphine whose baby experienced neonatal abstinence syndrome requests contraception.	A. A new mother stable on buprenorphine should be provided her preferred form of contraception	when bottle-feeding	1 2 3 | 4 5 6 | 7 8 9 | | 1 | | 8 |	9	Agreement	Appropriate	
Ch11Ind10aii	A woman previously treated with buprenorphine whose baby experienced neonatal abstinence syndrome requests contraception.	A. A new mother stable on buprenorphine should be provided her preferred form of contraception	when breast-feeding	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 1 7 |	9	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind1ai	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	should receive adequate relief from an increase in her regular dose of methadone.	1 2 3 | 4 5 6 | 7 8 9 | 2 3 2 | 1 | 1 |	2	Agreement	Inappropriate	
Ch12Ind1aii	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 1 3 3 |	8	Agreement	Appropriate	
Ch12Ind1aiii	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	should receive adquate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 2 | 1 | 2 1 |	3	Disagreement	Inappropriate	
Ch12Ind1aiv	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 5 3 |	8	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind1av	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	should receive adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 3 | 3 1 |	6	Disagreement	Uncertain	Jones et al., 2006
Ch12Ind2ai	A woman who is stable on methadone for opioid use disorder requests pain relief post-C Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C Section days 1 to 4	should receive adequate relief from an increase in her regular dose of methadone.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 4 | | |	2	Agreement	Inappropriate	
Ch12Ind2aii	A woman who is stable on methadone for opioid use disorder requests pain relief post-C Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C Section days 1 to 4	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch12Ind2aiii	A woman who is stable on methadone for opioid use disorder requests pain relief post-C Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C Section days 1 to 4	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 1 | | 2 |	2	Agreement	Inappropriate	Jones et al., 2006

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind2aiv	A woman who is stable on methadone for opioid use disorder requests pain relief post-C Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C Section days 1 to 4	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 2 3 3 |	8	Agreement	Appropriate	Meyer et al., 2007
Ch12Ind2av	A woman who is stable on methadone for opioid use disorder requests pain relief post-C Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C Section days 1 to 4	should receive adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 1 | 1 1 | 2 1 |	5	Disagreement	Uncertain	Jones et al., 2006
Ch12Ind3a	A woman stable on methadone is concerned about whether she should breastfeed her baby.	A. In the absence of contraindications, a woman who is stable on methadone should breastfeed.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Abdel-Latif et al., 2006; Bakstad et al., 2009; Jansson et al., 2008
Ch12Ind4ai	A woman stable on methadone has recently given birth and complains of feeling drowsy and of falling asleep holding the baby.	A. A woman on methadone who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for medical illness, relapse to substance use, and dose adjustment.	Under 21 days postpartum.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	Jones et al., 2008

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind4aii	A woman stable on methadone has recently given birth and complains of feeling drowsy and of falling asleep holding the baby.	A. A woman on methadone who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for medical illness, relapse to substance use, and dose adjustment.	Over 21 days postpartum.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	Jones et al., 2008; Pace et al., 2014
Ch12Ind5a	A woman on methadone gave birth recently and complains of cravings.	A. A new mother who is stable on methadone and complains of cravings should receive additional behavioral interventions and be assessed for dose adjustment.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 1 6 |	9	Agreement	Appropriate	
Ch12Ind6a	A mother is being instructed/required by her mother/supportive housing counselor/probation officer to discontinue methadone.	A. A new mother who is stable on methadone but being instructed/required by her mother/supportive housing/corrections officer to discontinue methadone should continue to take methadone.		1 2 3 | 4 5 6 | 7 8 9 | 1 | | 3 2 3 |	8	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind7a	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who is stable on methadone and chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports.		1 2 3 | 4 5 6 | 7 8 9 | 2 | 1 1 1 | 2 1 1 |	6	Disagreement	Uncertain	
Ch12Ind7bi	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	B. A new mother who, against medical advice, chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports and counseled to	continue bottle feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 3 5 |	9	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind7bii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	B. A new mother who, against medical advice, chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports and counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 | 1 2 2 |	7	Disagreement	Appropriate	
Ch12Ind7biii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	B. A new mother who, against medical advice, chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports and counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 |1 3 2 | 1 |	5	Disagreement	Uncertain	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind8ai	A woman on methadone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on methadone and has relapsed to opioid use, (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to	continue bottle feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch12Ind8aii	A woman on methadone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on methadone and has relapsed to opioid use, (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 1 | 2 | 1 2 |	6	Disagreement	Uncertain	
Ch12Ind8aiii	A woman on methadone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on methadone and has relapsed to opioid use, (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 2 1 | 1 2 2 |	7	Disagreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind9ai	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on methadone and has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment and	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	
Ch12Ind9aii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on methadone and has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment and	continue breast-feeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 3 2 2 | | 2 |	2	Agreement	Inappropriate	
Ch12Ind9aiii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on methadone and has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment and	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 3 3 |	8	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind9bi	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on methadone but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch12Ind9bii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on methadone but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 1 | 1 | 2 |	2	Disagreement	Inappropriate	
Ch12Ind9biii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on methadone but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 | 1 1 4 |	8	Disagreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind9ci	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on methadone but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch12Ind9cii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on methadone but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 2 | 1 | 2 |	3	Disagreement	Inappropriate	
Ch12Ind9ciii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on methadone but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 3 3 |	8	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind9di	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on methadone but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch12Ind9dii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on methadone but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | | 3 2 2 |	7	Agreement	Appropriate	
Ch12Ind9diii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on methadone but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 2 | 1 1 | | 2 |	3	Disagreement	Inappropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind10ai	A new mother stable on methadone requests information on contraception.	A. A new mother who is stable on methadone should be provided her preferred form of contraception and	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 2 7	9	Agreement	Appropriate	
Ch12Ind10aii	A new mother stable on methadone requests information on contraception.	A. A new mother who is stable on methadone should be provided her preferred form of contraception and	continue breast-feeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 4 5	9	Agreement	Appropriate	
Ch12Ind10aiii	A new mother stable on methadone requests information on contraception.	A. A new mother who is stable on methadone should be provided her preferred form of contraception and	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 1 | 1 | 2 |	2	Disagreement	Inappropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind1ai	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who discontinued buprenorphine after giving birth could begin naltrexone if she is abstinent from opioids. She should be advised that	she should bottle- feed her infant.	1 2 3 | 4 5 6 | 7 8 9 | 3 1 | 1 | 1 2 1 |	5	Disagreement	Uncertain	
Ch13Ind1aii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who discontinued buprenorphine after giving birth could begin naltrexone if she is abstinent from opioids. She should be advised that	she can breastfeed her infant safely.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 3 2 |	7	Disagreement	Appropriate	
Ch13Ind2ai	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who discontinued methadone after giving birth could begin naltrexone if she is abstinent from opioids She should be advised that	she should bottle- feed her infant.	1 2 3 | 4 5 6 | 7 8 9 | 3 1 | 1 | 1 2 1 |	5	Disagreement	Uncertain	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind2aii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who discontinued methadone after giving birth could begin naltrexone if she is abstinent from opioids She should be advised that	she can breastfeed her infant safely.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 3 2 |	7	Disagreement	Appropriate	
Ch13Ind3ai	A woman on naltrexone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother on naltrexone who relapses to opioid use should receive increased behavioral interventions and be transitioned to an opioid agonist. She should be advised that	she should bottle feed her infant.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 | | 2 1 3 |	7	Disagreement	Appropriate	
Ch13Ind3aii	A woman on naltrexone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother on naltrexone who relapses to opioid use should receive increased behavioral interventions and be transitioned to an opioid agonist. She should be advised that	she can breastfeed her infant safely.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 1 | 1 | 2 2 |	5	Disagreement	Uncertain	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4ai	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	A. A new mother on naltrexone who relapses to benzodiazepine/cocaine/methamphetamines use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 1 2 4 |	8	Agreement	Appropriate	
Ch13Ind4aii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	A. A new mother on naltrexone who relapses to benzodiazepine/cocaine/methamphetamines use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breast-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 2 2 3 |	8	Agreement	Appropriate	
Ch13Ind4bi	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother on naltrexone who relapses to marijuana use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 | 1 | 3 2 |	7	Disagreement	Appropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4bii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother on naltrexone who relapses to marijuana use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 1 | 2 3 |	7	Disagreement	Appropriate	
Ch13Ind4ci	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	C. A new mother on naltrexone who relapses to alcohol use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist _	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 | 3 1 2 |	7	Disagreement	Appropriate	
Ch13Ind4cii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	C. A new mother on naltrexone who relapses to alcohol use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 1 | 2 1 2 |	7	Disagreement	Appropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4di	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother on naltrexone who relapses to tobacco use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 1 | 2 | 1 3 |	5	Disagreement	Uncertain	
Ch13Ind4dii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother on naltrexone who relapses to tobacco use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 3 | 3 | 1 |	3	Disagreement	Inappropriate	
Ch13Ind5ai	A woman stable on naltrexone requests contraception.	A. A new mother stable on naltrexone should be provided her preferred form of contraception	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	
Ch13Ind5aii	A woman stable on naltrexone requests contraception.	A. A new mother stable on naltrexone should be provided her preferred form of contraception	if she is breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	

APPENDIX E-1

"In Agreement" and "Appropriate" rated indications* (presented by chapter)

*If there were no indications in this category for a particular chapter, the chapter is not listed

Indication #: Unique code for each indication

Scene: Setting for an indication, to give broader context

Indication: Actual procedure to be rated

Variable: An individual option for a given indication

Rating: Number of raters who selected a rating value (1–9) for a given indication

Median: Median rating score for an indication

Agreement: Final appropriateness rating of an indication in agreement" or "in disagreement"

Appropriateness: Final rating of an indication as "appropriate" or "inappropriate"

Supporting Evidence: Citations provided to the expert panelists

Chapter 1. All Opioid-Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1ai	A pregnant opioid-dependent woman comes into the health center for prenatal care.	A. A pregnant opioid-dependent woman should be screened for other substance use at presentation for care	by interview.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	
Ch1Ind1aii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	A. A pregnant opioid-dependent woman should be screened for other substance use at presentation for care	by self-completed formal screening instrument.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 3 3 |	8	Agreement	Appropriate	
Ch1Ind1aiii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	A. A pregnant opioid-dependent woman should be screened for other substance use at presentation for care	by urine toxicology.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 2 4 |	8	Agreement	Appropriate	

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1aiv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	A. A pregnant opioid-dependent woman should be screened for other substance use at presentation for care	by review of state prescription drug monitoring database.	1 2 3 | 4 5 6 | 7 8 9| 1 | 1 | 1 3 3|	8	Agreement	Appropriate	
Ch1Ind1bi	A pregnant opioid-dependent woman comes into the health center for prenatal care.	B. When gathering information about substance use from an opioid-dependent pregnant woman, education and counselling about possible _____of medication-assisted treatment and illicit drug use should be provided.	social consequences	1 2 3 | 4 5 6 | 7 8 9| | 1 | 4 4 |	8	Agreement	Appropriate	Buckley et al., 2013; Patrick et al., 2012;
Ch1Ind1biii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	B. When gathering information about substance use from an opioid-dependent pregnant woman, education and counselling about possible _____of medication-assisted treatment and illicit drug use should be provided.	medical consequences for herself and her infant	1 2 3 | 4 5 6 | 7 8 9| | | 2 7|	9	Agreement	Appropriate	Hans, 1989; Hulse et al., 1997; Jansson et al., 2012; Kahila et al., 2007; Kandall et al., 1977; Kelly et al., 2012; Patel et al., 2013; Patrick et al., 2012; Patrick, Dudley, Martin et al., 2015

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1c	A pregnant opioid-dependent woman comes into the health center for prenatal care.	C. A pregnant opioid-dependent woman should receive Screening, Brief Intervention, and Referral to Treatment (SBIRT) for possible other substance use.		1 2 3 | 4 5 6 | 7 8 9| | 1 1 | 3 4|	8	Agreement	Appropriate	
Ch1Ind1di	A pregnant opioid-dependent woman comes into the health center for prenatal care.	D. A pregnant opioid-dependent woman should be screened for comorbid mental health conditions	at presentation for care.	1 2 3 | 4 5 6 | 7 8 9| | | 1 8|	9	Agreement	Appropriate	Benningfield et al., 2012
Ch1Ind1dii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	D. A pregnant opioid-dependent woman should be screened for comorbid mental health conditions	prior to discharge from the hospital post-partum.	1 2 3 | 4 5 6 | 7 8 9| | | 2 7|	9	Agreement	Appropriate	
Ch1Ind1diii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	D. A pregnant opioid-dependent woman should be screened for comorbid mental health conditions	at the post-partum outpatient appointment.	1 2 3 | 4 5 6 | 7 8 9| | | 1 8|	9	Agreement	Appropriate	

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1ei	A pregnant opioid-dependent woman comes into the health center for prenatal care.	E. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the impact of this intervention on her baby's risk for neonatal abstinence syndrome and lactation.	benzodiazepines	1 2 3 | 4 5 6 | 7 8 9 | 2 2 5	9	Agreement	Appropriate	Welle-Strand et al., 2013
Ch1Ind1eii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	E. A pregnant opioid-dependent woman who requires _____for comorbid mental health conditions should be educated about the impact of this intervention on her baby's risk for neonatal abstinence syndrome and lactation.	SSRIs	1 2 3 | 4 5 6 | 7 8 9 | 4 5	9	Agreement	Appropriate	O'Connor et al., 2014; Patrick, Dudley, Martin et al., 2015

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1eiii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	E. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the impact of this intervention on her baby's risk for neonatal abstinence syndrome and lactation.	ampheta-mines	1 2 3 | 4 5 6 | 7 8 9| | 1 | 2 3 3|	8	Agreement	Appropriate	Welle-Strand et al., 2013
Ch1Ind1eiv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	E. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the impact of this intervention on her baby's risk for neonatal abstinence syndrome and lactation.	other phar-macotherapy	1 2 3 | 4 5 6 | 7 8 9| | | 2 3 4|	8	Agreement	Appropriate	

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1fi	A pregnant opioid-dependent woman comes into the health center for prenatal care.	F. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the risks and benefits of using or not using this pharmacotherapy to treat her condition.	benzodiazepines	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch1Ind1fii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	F. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the risks and benefits of using or not using this pharmacotherapy to treat her condition.	SSRIs	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1fiii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	F. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the risks and benefits of using or not using this pharmacotherapy to treat her condition.	ampheta-mines	1 2 3 | 4 5 6 | 7 8 9| | 1 | 2 6|	9	Agreement	Appropriate	
Ch1Ind1fiv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	F. A pregnant opioid-dependent woman who requires _____ for comorbid mental health conditions should be educated about the risks and benefits of using or not using this pharmacotherapy to treat her condition.	other phar-macotherapy	1 2 3 | 4 5 6 | 7 8 9| | | 2 7 |	9	Agreement	Appropriate	
Ch1Ind1gi	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____ has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	illicit sub-stances	1 2 3 | 4 5 6 | 7 8 9| | | | 1 1 7 |	9	Agreement	Appropriate	Jansson et al., 2012; Welle-Strand et al., 2013

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1gii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____ has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	misuse of licit substances	1 2 3 | 4 5 6 | 7 8 9| | | 1 2 6|	9	Agreement	Appropriate	
Ch1Ind1giii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____ has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	tobacco	1 2 3 | 4 5 6 | 7 8 9| | | 2 7|	9	Agreement	Appropriate	Bakstad et al., 2009; Jones et al., 2013; Kaltenbach et al., 2012; Patrick, Dudley, Martin et al, 2015
Ch1Ind1giv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____ has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	alcohol	1 2 3 | 4 5 6 | 7 8 9| | | 1 8|	9	Agreement	Appropriate	

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1gv	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____ has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	benzodiazepines	1 2 3 | 4 5 6 | 7 8 9| | | 1 2 6|	9	Agreement	Appropriate	Jansson et al., 2012; Welle-Strand et al., 2013
Ch1Ind1gvi	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____ has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	amphetamines	1 2 3 | 4 5 6 | 7 8 9| | | 2 2 5|	9	Agreement	Appropriate	Welle-Strand et al., 2013
Ch1Ind1gvii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	G. A pregnant opioid-dependent woman who uses other substances should be informed of the impact _____has/have on the severity of neonatal abstinence syndrome and other effects on the infant.	SSRIs	1 2 3 | 4 5 6 | 7 8 9| | | 3 6|	9	Agreement	Appropriate	Kaltenbach et al., 2012

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Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1h	A pregnant opioid-dependent woman comes into the health center for prenatal care.	H. A pregnant opioid-dependent woman's Prescription Drug Monitoring Program (PDMP) information should be checked and monitored as part of her routine management.		1 2 3 | 4 5 6 | 7 8 9| | 1 1 | 1 3 3|	8	Agreement	Appropriate	
Ch1Ind2ai	A pregnant opioid-dependent woman comes in for labor and delivery.	A. A pregnant opioid-dependent woman should be screened for other substance use at the time of delivery	by interview	1 2 3 | 4 5 6 | 7 8 9| 1 | | 4 4|	8	Agreement	Appropriate	
Ch1Ind2aiii	A pregnant opioid-dependent woman comes in for labor and delivery.	A. A pregnant opioid-dependent woman should be screened for other substance use at the time of delivery	by urine toxicology	1 2 3 | 4 5 6 | 7 8 9| | 1 1 | 4 3|	8	Agreement	Appropriate	
Ch1Ind3a	An opioid-dependent pregnant woman has a disabling mental health condition and wants to discuss this diagnosis.	A. A pregnant woman with opioid dependence and untreated comorbid mental health conditions should be informed about the possible impact of her condition on neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9| | | 8 1|	8	Agreement	Appropriate	

Chapter 1. All Opioid-Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind4ai	An opioid-dependent pregnant woman is considering taking SSRIs and wants to discuss taking this medication.	A. A pregnant woman with opioid dependence and comorbid _____treated with an SSRI should be informed that this pharmacotherapy is independently associated with neonatal abstinence syndrome and may worsen her baby's neonatal abstinence syndrome.	depression	1 2 3 | 4 5 6 | 7 8 9| | 1 1 | 2 3 2|	8	Agreement	Appropriate	Kaltenbach et al., 2012
Ch1Ind4aii	An opioid-dependent pregnant woman is considering taking SSRIs and wants to discuss taking this medication.	A. A pregnant woman with opioid dependence and comorbid _____ treated with an SSRI should be informed that this pharmacotherapy is independently associated with neonatal abstinence syndrome and may worsen her baby's neonatal abstinence syndrome.	anxiety	1 2 3 | 4 5 6 | 7 8 9| | 1 1 | 3 2 2|	7	Agreement	Appropriate	Kaltenbach et al., 2012

Chapter 2. Opioid-Dependent Pregnant Women With No Prior Treatment

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch2Ind1ai	A pregnant woman who is dependent on opioids presents to an opioid treatment program requesting treatment.	A. A pregnant woman who is dependent on opioids should be started on	methadone.	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	Bakstad et al., 2009; Buckley et al., 2013; Fischer et al., 2006; Gaalema et al., 2012; Hulse et al., 1997; Jansson et al., 2011; Jansson et al., 2012; Kandall et al., 1977; Kelly et al., 2012; Konijnenberg et al., 2011; Lacroix et al., 2011
Ch2Ind1aii	A pregnant woman who is dependent on opioids presents to an opioid treatment program requesting treatment.	A. A pregnant woman who is dependent on opioids should be started on	buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 2 5 |	9	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Gaalema et al., 2012; Kakko et al., 2008; Jansson et al., 2011; Jones et al., 2014; Kahila et al., 2007; Konijnenberg et al., 2011; Lacroix et al., 2011; Meyer et al., 2015; Welle-Strand et al., 2013; Wiegand et al., 2015

Chapter 2. Opioid-Dependent Pregnant Women With No Prior Treatment

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch2Ind2a	A pregnant woman who is dependent on opioids presents to a healthcare facility requesting detoxification.	A. A pregnant woman who is dependent on opioids should be advised that detoxification is associated with high rates of relapse and is not the recommended course of treatment.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	
Ch2Ind3a	A pregnant woman dependent on opioids requests detoxification and refuses maintenance therapy.	A. A pregnant woman who is dependent on opioids may be detoxified during the second trimester if the benefits outweigh the risk.		1 2 3 | 4 5 6 | 7 8 9 | | 1 | 5 3 |	7	Agreement	Appropriate	Lacroix et al., 2011; Lund et al., 2012

Chapter 2. Opioid-Dependent Pregnant Women With No Prior Treatment

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch2Ind4a	A pregnant woman with opioid use disorder (dependent on either analgesics or heroin) is in labor and requests pain relief.	A. If a pregnant woman with opioid use disorder (someone who is dependent on either analgesics or heroin) is in labor, she should be offered an epidural and short-acting opioid analgesics.		1 2 3 | 4 5 6 | 7 8 9 | | | | 4 5 |	9	Agreement	Appropriate	
Ch2Ind5a	An opioid-dependent pregnant woman presents for treatment of opioid dependency.	A. A pregnant opioid-dependent women should be encouraged to stop smoking.		1 2 3 | 4 5 6 | 7 8 9 | | | | 1 8 |	9	Agreement	Appropriate	Jones et al., 2013; Kaltenbach et al., 2012; Patrick, Dudley, Martin et al, 2015

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind1ai	A woman stable on buprenorphine wants to have a baby.	A. A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who desires pregnancy should be advised	that there are no known increased risks of birth defects associated with buprenorphine at this time.	1 2 3 | 4 5 6 | 7 8 9 | | | | 1 3 5 |	9	Agreement	Appropriate	
Ch3Ind1aii	A woman stable on buprenorphine wants to have a baby.	A. A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who desires pregnancy should be advised	of the likelihood of the newborn experiencing neonatal abstinence syndrome if the woman conceives and gives birth while taking buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 7 |	9	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Lejeune et al., 2006; Kakko et al., 2008; Jones et al., 2014; Kahila et al., 2007; Lacroix et al., 2011; Meyer et al., 2015; O'Connor, O'Brien, Alto; 2013; Patel et al., 2013

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind3a	A pregnant woman on buprenorphine complains of mild (or moderate or severe) withdrawal.	A. A pregnant woman previously stable on buprenorphine for opioid use disorder should be assessed for a dose increase if she complains of withdrawal symptoms.		1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch3Ind4ai	A pregnant woman previously stable on buprenorphine complains of cravings.	A. A pregnant woman previously stable on buprenorphine for opioid use disorder who complains of cravings	should be assessed for a dose increase.	1 2 3 | 4 5 6 | 7 8 9 | | | 5 4 |	8	Agreement	Appropriate	Jones et al., 2005
Ch3Ind4aii	A pregnant woman previously stable on buprenorphine complains of cravings.	A. A pregnant woman previously stable on buprenorphine for opioid use disorder who complains of cravings	should receive additional behavioral interventions.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 4 3 |	8	Agreement	Appropriate	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind5ai	A pregnant woman stable on buprenorphine wants to decrease her dose so her baby has less withdrawal.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal.	should be advised that the mother's dose of buprenorphine is not associated with the intensity of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 2 6 |	9	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Jones et al., 2014; Kahila et al., 2007; Lacroix et al., 2011
Ch3Ind5aii	A pregnant woman stable on buprenorphine wants to decrease her dose so her baby has less withdrawal.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal.	should be told about other evidence-based strategies for minimizing neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 2 4 |	8	Agreement	Appropriate	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind6ai	A woman stable on buprenorphine becomes pregnant and wishes to be withdrawn from medication.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wishes to be withdrawn from medication	should be advised that medically supervised withdrawal from medication-assisted treatment is not advisable during pregnancy due to the stress on the fetus and risk of relapse.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 3 3 1|	7	Agreement	Appropriate	Lund et al., 2013
Ch3Ind7ai	A pregnant woman stable on buprenorphine wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that smoking cessation may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Jones et al., 2013; Kaltenbach et al., 2012

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind7aii	A pregnant woman stable on buprenorphine wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that cessation of other drug use may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 1 3 |	7	Agreement	Appropriate	Welle-Strand et al., 2013
Ch3Ind7aiii	A pregnant woman stable on buprenorphine wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that breast feeding may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 4 2 |	8	Agreement	Appropriate	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind8ai	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	can receive epidural or spinal anesthesia.	1 2 3 | 4 5 6 | 7 8 9 | | | | 3 6 |	9	Agreement	Appropriate	Jones et al., 2006; Meyer et al., 2010
Ch3Ind8aiv	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder and requests pain relief during labor	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 7 |	9	Agreement	Appropriate	
Ch3Ind8avi	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder and requests pain relief during labor	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Meyer et al., 2010

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind9a	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests information on postpartum pain relief before delivery.	A. A woman who is stable on buprenorphine for opioid use disorder should receive education about intra- and postpartum pain relief prior to delivery.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	Jones et al., 2006
Ch3Ind10aii	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder relapses to opioid use	should have her dose of buprenorphine assessed for effectiveness.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 4 4 |	8	Agreement	Appropriate	
Ch3Ind10aiii	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder relapses to opioid use	should receive additional behavioral interventions.	1 2 3 | 4 5 6 | 7 8 9 | | | 4 5 |	9	Agreement	Appropriate	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind10aiv	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder relapses to opioid use	should be referred for a higher level of care.	1 2 3 | 4 5 6 | 7 8 9 | | | | 4 3 2 |	8	Agreement	Appropriate	
Ch3Ind11ai	A pregnant woman, on buprenorphine treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should receive behavioral interventions for these substance use disorders.	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 2 5 |	9	Agreement	Appropriate	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind11aii	A pregnant woman, on buprenorphine treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should receive pharmacologic interventions for these substance use disorders.	1 2 3 | 4 5 6 | 7 8 9 | | 3 | 4 2 |	7	Agreement	Appropriate	
Ch3Ind11aiii	A pregnant woman, on buprenorphine treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs)	A. A pregnant woman on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should be referred for a higher level of services.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 2 3 |	8	Agreement	Appropriate	

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind1ai	A woman stable on methadone wants to have a baby.	A. A woman on methadone for opioid use disorder who desires pregnancy should be advised	that there are no known increased risks of birth defects associated with methadone at this time.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch4Ind1aii	A woman stable on methadone wants to have a baby.	A. A woman on methadone for opioid use disorder who desires pregnancy should be advised	of the likelihood of the newborn experiencing neonatal opioid withdrawal syndrome if she conceives and gives birth on methadone.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Gaalema et al., 2012; Holbrook, 2012; Kandall et al., 1977; Lacroix et al., 2011; Lejeune et al., 2006; Wiegand et al., 2015
Ch4Ind2a	A pregnant woman on methadone complains of mild (or moderate or severe) withdrawal.	A. A pregnant woman previously stable on methadone for opioid use disorder should be assessed for a dose increase if she complains of withdrawal symptoms.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch4Ind3ai	A pregnant woman previously stable on methadone complains of cravings.	A. A pregnant woman previously stable on methadone for opioid use disorder who complains of cravings	should be assessed for a dose increase.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 4 4 |	8	Agreement	Appropriate	Jones et al., 2005

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4ind3aii	A pregnant woman previously stable on methadone complains of cravings.	A. A pregnant woman previously stable on methadone for opioid use disorder who complains of cravings	should receive additional behavioral interventions.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch4ind4ai	A pregnant woman stable on methadone wants to decrease her dose so her baby has less withdrawal.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that the mother's dose of methadone is not associated with the intensity of neonatal opioid withdrawal and be advised of other evidence-based strategies for minimizing neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 1 2 4 |	8	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Kandall et al., 1977; Lejeune et al., 2006
Ch4ind4aii	A pregnant woman stable on methadone wants to decrease her dose so her baby has less withdrawal.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be told about other evidence-based strategies for minimizing neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 1 2 5 |	9	Agreement	Appropriate	Jones et al., 2014; Kahila et al., 2007; Lacroix et al., 2011; Lund et al., 2012

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind5a	A pregnant woman stable on methadone wants to switch to buprenorphine so her baby has less withdrawal.	A. A pregnant woman stable on methadone who wants to switch to buprenorphine so the baby will have milder or shorter neonatal opioid withdrawal should not be switched to buprenorphine.		1 2 3 | 4 5 6 | 7 8 9 | 1 1 | | 1 5 1 |	8	Agreement	Appropriate	Bakstad et al., 2009; Fischer et al., 2006; Gaalema et al., 2012; Holbrook, 2012; Lacroix et al., 2011; Lejeune et al., 2006
Ch4Ind6ai	A woman stable on methadone becomes pregnant and wishes to be withdrawn from medication.	A. A pregnant woman stable on methadone for opioid use disorder who wishes to be withdrawn from medication	should be advised that medically supervised withdrawal from medication-assisted treatment is not advisable during pregnancy due to the stress on the fetus and risk of relapse.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 5 2 |	8	Agreement	Appropriate	

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind7ai	A pregnant woman stable on methadone wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that smoking cessation may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 1 2 5 |	9	Agreement	Appropriate	Bakstad et al., 2009; Jones et al., 2013; Kaltenbach et al., 2012
Ch4Ind7aii	A pregnant woman stable on methadone wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that cessation of other drug use may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 1 4 |	8	Agreement	Appropriate	Welle-Strand et al., 2013

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind7aiii	A pregnant woman stable on methadone wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that breastfeeding may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 2 3 |	8	Agreement	Appropriate	Ruwanpathirana et al., 2015
Ch4Ind7aiv	A pregnant woman stable on methadone wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on methadone for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that nonpharmacological interventions for the infant may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 3 1 4 |	8	Agreement	Appropriate	
Ch4Ind8ai	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	can receive epidural or spinal anesthesia.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Jones et al., 2006

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind8aiv	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | | | 2 7 |	9	Agreement	Appropriate	
Ch4Ind8avi	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 6 2 |	8	Agreement	Appropriate	Meyers et al., 2007
Ch4Ind9a	A woman who is stable on methadone for opioid use disorder and requests information about pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder should receive education about intra- and postpartum pain relief prior to delivery.		1 2 3 | 4 5 6 | 7 8 9 | | | | 1 8 |	9	Agreement	Appropriate	Jones et al., 2006
Ch4Ind10ai	A pregnant woman, previously stable on methadone treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on methadone for opioid use disorder and who relapses to opioid use	should have her dose of methadone assessed for effectiveness.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 6 |	9	Agreement	Appropriate	

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind10aii	A pregnant woman, previously stable on methadone treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on methadone for opioid use disorder and who relapses to opioid use	should receive additional behavioral interventions.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch4Ind10aiii	A pregnant woman, previously stable on methadone treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on methadone for opioid use disorder and who relapses to opioid use	should be referred for a higher level of care.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 2 4 |	8	Agreement	Appropriate	
Ch4Ind11ai	A pregnant woman, on methadone treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on methadone for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should receive behavioral interventions for these substance use disorders.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 1 1 6 |	9	Agreement	Appropriate	

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind11aii	A pregnant woman, on methadone treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs).	A. A pregnant woman on methadone for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should be evaluated for pharmacologic interventions for these substance use disorders.	1 2 3 | 4 5 6 | 7 8 9 | 6 3	8	Agreement	Appropriate	
Ch4Ind11aiii	A pregnant woman, on methadone treatment, has concurrent ongoing other substance use issues (alcohol, tobacco, illicit drugs)	A. A pregnant woman on methadone for opioid use disorder who has concurrent ongoing other substance use (e.g., alcohol, tobacco, illicit drugs)	should be referred for a higher level of services.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 3 1 3	7	Agreement	Appropriate	

Chapter 5. Opioid Dependent Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch5Ind3ai	A woman becomes pregnant, misses or discontinues naltrexone, and relapses to opioid use.	A. A woman who discontinues naltrexone after becoming pregnant and relapses to opioid use	should begin buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 2 3 |	8	Agreement	Appropriate	
Ch5Ind3aii	A woman becomes pregnant, misses or discontinues naltrexone, and relapses to opioid use.	A. A woman who discontinues naltrexone after becoming pregnant and relapses to opioid use	should begin methadone maintenance therapy.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 5 3 |	7	Agreement	Appropriate	

Chapter N. Pharmacological Treatment for Newborns With Neonatal Abstinence Syndrome

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
ChN_Ind1aii	A newborn who …. exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with liquid oral morphine.	1 2 3 | 4 5 6 | 7 8 9 | 9	9	Agreement	Appropriate	Langenfeld et al. 2005; Tolia et al., 2015
ChN_Ind1aiv	A newborn who exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with oral methadone.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 4 1 2	5	Agreement	Appropriate	Tolia et al., 2015
ChN_Ind1avi	A newborn who exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, adjuvant therapy with clonidine.	1 2 3 | 4 5 6 | 7 8 9 | 1 5 3	8	Agreement	Appropriate	Agthe et al., 2009

Chapter N. Pharmacological Treatment for Newborns With Neonatal Abstinence Syndrome

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
ChN_Ind1aviii	A newborn whoexhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, adjuvant therapy with phenobarbital.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 3 2 3 |	8	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind1a	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	A. An infant born to a mother who misused opioids (analgesic or heroin) throughout her pregnancy should be monitored and managed with a formal protocol for neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | | | | 1 8 |	9	Agreement	Appropriate	Abdel-Latif et al., 2006
Ch6Ind1b	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	B. The management of an infant exhibiting neonatal abstinence syndrome should be informed by an interview with the mother about other substance and pharmacotherapy use during pregnancy and the clinical status of the infant.		1 2 3 | 4 5 6 | 7 8 9 | | | | 1 3 5 |	9	Agreement	Appropriate	Patrick, Dudley, Martin et al, 2015
Ch6Ind1c	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	C. The management of an infant exhibiting neonatal abstinence syndrome should be informed by toxicology screening of the mother to assess for other substance use.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 2 4 |	8	Agreement	Appropriate	
Ch6Ind1di	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	D. Infants at risk for neonatal abstinence syndrome could have toxicology testing on	meconium	1 2 3 | 4 5 6 | 7 8 9 | | | | 4 2 3 |	8	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind1dii	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	D. Infants at risk for neonatal abstinence syndrome could have toxicology testing on	urine	1 2 3 | 4 5 6 | 7 8 9 | 1 3 5	9	Agreement	Appropriate	
Ch6Ind1diii	An infant is born to a mother who has opioid use disorder and has had no medication-assisted treatment prior to delivery.	D. Infants at risk for neonatal abstinence syndrome could have toxicology testing on	umbilical cord tissue	1 2 3 | 4 5 6 | 7 8 9 | 4 1 4	8	Agreement	Appropriate	
Ch6Ind2a	An infant is born with symptoms of neonatal abstinence syndrome to a mother who has opioid use disorder and who did not receive medication-assisted treatment prior to delivery.	A. MILD symptoms: An infant who exhibits mild signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions and monitored for development of more severe symptoms in a formal protocol for neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | 1 2 4 2	8	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind2b	An infant is born with symptoms of neonatal abstinence syndrome to a mother who has opioid use disorder and who did not receive medication-assisted treatment prior to delivery.	B. An infant with neonatal abstinence syndrome that cannot maintain adequate hydration or loses weight despite optimal management should have a medical examination to rule out other potential medical conditions along with consideration given to a possible transfer to a neonatal intensive care unit.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	
Ch6Ind3ai	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should have home visitation and early intervention services.	1 2 3 | 4 5 6 | 7 8 9 | | | 3 1 5 |	9	Agreement	Appropriate	
Ch6Ind3aii	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should have a home nursing consult.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 4 3 |	7	Agreement	Appropriate	
Ch6Ind3aiii	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should have a social work consult prior to discharge.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 2 5 |	9	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind3aiv	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should have the mother educated about signs of withdrawal.	1 2 3 | 4 5 6 | 7 8 9 | 2 7	9	Agreement	Appropriate	
Ch6Ind3av	Special consideration needs to be given to the discharge process for infants that have been treated for neonatal abstinence syndrome.	A. Upon discharge, an infant treated for neonatal abstinence syndrome	should receive an early referral to a pediatrician who is knowledgeable about neonatal abstinence syndrome and accessible from the time of infant hospital discharge.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 5	9	Agreement	Appropriate	
Ch6Ind4a	A mother whose baby received pharmacotherapy for neonatal abstinence syndrome wants to know what the consequences will be for her baby as he or she grows.	A. An infant who required pharmacotherapy for neonatal abstinence syndrome will benefit from a stable and enriched home environment.		1 2 3 | 4 5 6 | 7 8 9 | 1 3 5	9	Agreement	Appropriate	Messinger et al., 2004

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind5a	A mother whose baby received pharmacotherapy for neonatal abstinence syndrome reports her baby continues to be fussy and have loose stools.	A. A mother who reports her baby, who completed a taper of opioids for neonatal abstinence syndrome, is fussy and having loose stools should have the baby evaluated by a medical provider.		1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 1 4 |	8	Agreement	Appropriate	Gaalema et al., 2012
Ch6Ind6a	A mother whose baby has neonatal abstinence syndrome worries that he/she has/will have addiction.	A. A mother who is worried that neonatal abstinence syndrome will make her baby more likely to have a substance use disorder in adulthood should be told that future addiction is not a known consequence of neonatal abstinence syndrome		1 2 3 | 4 5 6 | 7 8 9 | | | 3 1 5 |	9	Agreement	Appropriate	Konijnenberg et al., 2011; Lifschitz et al., 1985

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind6b	A mother whose baby has neonatal abstinence syndrome worries that he/she has/will have addiction.	B. A mother who is worried that her history of opioid use disorder will make her baby more likely to have a substance use disorder should be counseled that there are genetic and social factors that increase the risk of addiction in children of people with substance use disorders and that a stable, healthy home environment can reduce that risk.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	Lifschitz et al., 1985; Messinger et al., 2004; Wachman et al., 2013
These scenarios may occur months or years later:								
Ch6Ind7ai	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 2 2 3 |	8	Agreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985
Ch6Ind7aii	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind7aiii	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 3 4 |	8	Agreement	Appropriate	
Ch6Ind7aiv	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 4 2 |	8	Agreement	Appropriate	
Ch6Ind7av	A mother whose child had neonatal abstinence syndrome wants the child to have a developmental assessment.	A. A mother who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that enriching the child's home environment may bring about improvement	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 3 3 |	8	Agreement	Appropriate	Messinger et al., 2004
Ch6Ind8aii	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind8aiii	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 1 2 5 |	9	Agreement	Appropriate	
Ch6Ind8aiv	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	should have her child screened for early intervention purposes	1 2 3 | 4 5 6 | 7 8 9 | | | 2 3 4 |	8	Agreement	Appropriate	
Ch6Ind8av	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	can be informed that enriching the child's home environment may bring about improvement	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 2 4 |	8	Agreement	Appropriate	Messinger et al., 2004
Ch6Ind9a	A mother whose child had neonatal abstinence syndrome reports the child is developmentally delayed and feels this is due to neonatal abstinence syndrome.	A. A mother whose child is developmentally delayed can be informed that neonatal abstinence syndrome at birth is not likely the cause of the child's problem.		1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 2 3 |	8	Agreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting \Evidence
Ch7Ind1a	A woman stable on buprenorphine is concerned about whether she should breastfeed her baby.	A. A woman on buprenorphine and no contraindications should be encouraged to breastfeed her baby.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Abdel et al., 2006; Bakstad et al., 2009; Ilett et al., 2012; Jansson et al., 2008; O'Connor et al., 2013
Ch7Ind2a	The newborn whose mother was treated with buprenorphine exhibits symptoms of neonatal abstinence syndrome.	A. MILD signs: An infant who exhibits mild signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions and monitored for development of more severe symptoms with a formal, protocol for neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 2 5 |	9	Agreement	Appropriate	
Ch7Ind2b	The newborn whose mother was treated with buprenorphine exhibits symptoms of neonatal abstinence syndrome.	B. An infant with neonatal abstinence syndrome that cannot maintain adequate hydration or loses weight despite optimal management should have a medical examination to rule out other potential medical conditions along with consideration given to a possible transfer to a neonatal intensive care unit.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting \Evidence
Ch7Ind3a	A mother who was treated with buprenorphine wants to know how best to manage neonatal abstinence syndrome.	A. A mother who is worried about the effects of intrauterine exposure to the buprenorphine used to treat her opioid use disorder should be given information on how neonatal abstinence syndrome is diagnosed and treated, the absence of known long-term consequences, and the importance of maternal drug treatment.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Jones et al., 2014; Kahila et al., 2007; Konijnenberg et al., 2011; Messinger et al., 2004
These scenarios would be post-discharge:								
Ch7Ind4a	A mother who was treated with buprenorphine and whose baby received pharmacotherapy for neonatal abstinence syndrome wants to know what the consequences will be for her baby as he/she grows.	A. A mother who is worried about her baby's intrauterine exposure to buprenorphine should be told that the benefits to her baby outweigh the risks of not receiving treatment.		1 2 3 | 4 5 6 | 7 8 9 | | | 3 2 4 |	8	Agreement	Appropriate	Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004; Sarfi et al., 2013

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting \Evidence
Ch7Ind5a	A mother who was treated with buprenorphine and whose baby received pharmacotherapy for neonatal abstinence syndrome reports her baby continues to be fussy and have loose stools.	A. A mother who reports her baby, who received pharmacotherapy for neonatal abstinence syndrome, is fussy and having loose stools should be evaluated by a medical provider.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 3 4 |	8	Agreement	Appropriate	Gaalema et al., 2012
Ch7Ind6a	A mother who was treated with buprenorphine and whose baby has neonatal abstinence syndrome worries that he/she might be at risk for a substance use disorder in adulthood.	A. A mother who is worried that neonatal abstinence syndrome will make her baby more likely to have a substance use disorder in adulthood should be counseled that there are genetic and social factors that increase the risk of addiction in children of people with substance use disorders and that a stable, healthy home environment can reduce that risk.		1 2 3 | 4 5 6 | 7 8 9 | 1 | | 1 3 4 |	8	Agreement	Appropriate	Lifschitz et al., 1985; Messinger et al., 2004; Wachman et al., 2013

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting \Evidence
These scenarios may be months or years later:								
Ch7Ind7aii	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch7Ind7aiii	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 4 |	8	Agreement	Appropriate	
Ch7Ind7aiv	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting \Evidence
Ch7Ind7av	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Messinger et al., 2004; Sarfi et al., 2013
Ch7Ind8aii	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch7Ind8aiii	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 3 4 |	8	Agreement	Appropriate	

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting \Evidence
Ch7Ind8aiv	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch7Ind8av	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	can be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 | 2 1 5 |	9	Agreement	Appropriate	Messinger et al., 2004

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind1a	A woman who is stable on methadone is concerned about whether she should breastfeed her baby.	A. A woman who is stable on methadone and who has no contraindications should be encouraged to breastfeed her baby.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 7 |	9	Agreement	Appropriate	Abdel et al., 2006; Bakstad et al., 2009; Jansson et al., 2008; Ruwanpathirana et al., 2015
Ch8Ind2a	A newborn whose mother was treated with methadone exhibits symptoms of neonatal abstinence syndrome.	A. MILD signs: An infant who exhibits mild signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions and monitored for development of more severe symptoms with a formal, weight-based protocol for neonatal abstinence syndrome.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind2b	A newborn whose mother was treated with methadone exhibits symptoms of neonatal abstinence syndrome.	B. An infant with neonatal abstinence syndrome that cannot maintain adequate hydration or loses weight despite optimal management should have a medical examination to rule out other potential medical conditions along with consideration given to a possible transfer to a neonatal intensive care unit.		1 2 3 | 4 5 6 | 7 8 9 | 3 6	9	Agreement	Appropriate	
Ch8Ind3a	A mother who was treated with methadone wants to know how best to manage neonatal abstinence syndrome.	A. A mother who is worried about the effects on her baby of intrauterine exposure to the methadone used to treat her opioid use disorder should be given information on how neonatal abstinence syndrome is diagnosed and treated, the absence of known long-term consequences, and the importance of maternal drug treatment.		1 2 3 | 4 5 6 | 7 8 9 | 2 7	9	Agreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004; Ruwanpathirana et al., 2015

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
These scenarios would be postdischarge:								
Ch8Ind4a	A mother who was treated with methadone and whose baby received pharmacotherapy for neonatal abstinence syndrome wants to know what the consequences will be for her baby as he/she grows.	A. A mother who is worried about her baby's intrauterine exposure to methadone should be told that the benefits to her baby outweigh the risks of not receiving treatment.		1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 1 4 |		Agreement	Appropriate	Hamilton et al., 2010; Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004; Rosen and Johnson, 1982; Sarfi et al., 2013
Ch8Ind5a	A mother who was treated with methadone and whose baby received pharmacotherapy for neonatal abstinence syndrome reports her baby continues to be fussy and have loose stools.	A. A mother who reports her baby, who completed a taper of opioids for neonatal abstinence syndrome, is fussy and having loose stools should be evaluated by a medical provider.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 2 5 |	9	Agreement	Appropriate	Gaalema et al., 2012

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind6a	A mother who was treated with methadone and whose baby has neonatal abstinence syndrome worries that he/she might be at risk for a substance use disorder in adulthood.	A. A mother who is worried that neonatal abstinence syndrome will make her baby more likely to have a substance use disorder in adulthood should be counseled that there are genetic and social factors that increase the risk of addiction in children of people with substance use disorders and that a stable, healthy home environment can reduce that risk.		1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 1 2 4 |	8	Agreement	Appropriate	Lifschitz et al., 1985; Messinger et al., 2004; Wachman et al., 2013
These scenarios may be months or years later:								
Ch8Ind7aii	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind7aiii	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch8Ind7aiv	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	should have her child screened for early intervention purpose.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch8Ind7av	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	can be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 1 2 5 |	9	Agreement	Appropriate	Sarfi et al., 2013

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind8aii	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch8Ind8aiii	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 5 |	9	Agreement	Appropriate	

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind8aiv	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 6 |	9	Agreement	Appropriate	
Ch8Ind8av	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	can be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Messinger et al., 2004

Chapter 9. Infant Had Prenatal Naltrexone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch9Ind1aii	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch9Ind1aiii	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 5 |	9	Agreement	Appropriate	
Ch9Ind1aiv	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 2 5 |	9	Agreement	Appropriate	
Ch9Ind1av	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	Messinger et al., 2004

Chapter 9. Infant Had Prenatal Naltrexone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch9Ind1bii	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should be interviewed about her concerns.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	
Ch9Ind1biii	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should receive ongoing developmental screening for her child.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 5 |	9	Agreement	Appropriate	
Ch9Ind1biv	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should have her child screened for early intervention purposes.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch9Ind1bv	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should be informed that enriching the child's home environment may bring about improvement.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 2 5 |	9	Agreement	Appropriate	Messinger et al., 2004

Chapter 10. Opioid-Dependent Postnatal Women Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch10Ind1a	A woman who received no medication-assisted treatment during pregnancy but who has opioid use disorder requests contraception.	A. A woman with opioid use disorder who had no medication-assisted treatment during pregnancy should be counseled about and offered her preferred form of contraception postpartum.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Kakko et al., 2008
Ch10Ind1b	A woman who received no medication-assisted treatment during pregnancy but who has opioid use disorder requests contraception.	B. A woman with opioid use disorder who is now being treated with buprenorphine or methadone for the first time postnatally should be counseled about and offered her preferred form of contraception postpartum.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	Kakko et al., 2008

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind1aii	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 1 2 4 |	8	Agreement	Appropriate	
Ch11Ind1aiv	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 5 3 |	8	Agreement	Appropriate	Meyer et al., 2010
Ch11Ind2aii	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 2 2 3 |	8	Agreement	Appropriate	
Ch11Ind2aiv	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 5 3 |	8	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind3a	A woman stable on buprenorphine is concerned about whether she should breastfeed her baby.	A. In the absence of contraindications, a woman who is stable on buprenorphine should breastfeed.		1 2 3 | 4 5 6 | 7 8 9 | 1 8	9	Agreement	Appropriate	Abdel-Latif et al., 2006; Bakstad et al., 2009; Ilett et al., 2012; O'Connor et al., 2013
Ch11Ind4ai	A woman stable on buprenorphine has recently given birth and complains of feeling drowsy and of falling asleep holding the baby.	A. A woman on buprenorphine who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for medical illness, relapse to substance use, and dose adjustment.	Under 21 days postpartum.	1 2 3 | 4 5 6 | 7 8 9 | 2 7	9	Agreement	Appropriate	Jones et al., 2008
Ch11Ind4aii	A woman stable on buprenorphine has recently given birth and complains of feeling drowsy and of falling asleep holding the baby.	A. A woman on buprenorphine who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for medical illness, relapse to substance use, and dose adjustment.	Over 21 days postpartum	1 2 3 | 4 5 6 | 7 8 9 | 2 7	9	Agreement	Appropriate	Jones et al., 2008; Pace et al., 2014
Ch11Ind 5ai	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings should	be assessed for dose adjustment.	1 2 3 | 4 5 6 | 7 8 9 | 4 5	9	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind5aiv	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings should	receive additional behavioral intervention.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 6 |	9	Agreement	Appropriate	
Ch11Ind6a	A mother is instructed/required by her mother/supportive housing counselor/probation officer to discontinue buprenorphine.	A. A new mother who is stable on buprenorphine but being instructed/required by her mother/supportive housing/corrections officer to discontinue buprenorphine should continue to take buprenorphine.		1 2 3 | 4 5 6 | 7 8 9 | | | 3 1 5 |	9	Agreement	Appropriate	
Ch11Ind7bi	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	B. A new mother who is stable on buprenorphine who chooses to discontinue buprenorphine and begin extended-release injectable naltrexone may attempt to withdraw from buprenorphine under close supervision and with increased behavioral supports should be counseled to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | | 1 3 3 |	8	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7ci	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	C. A new mother who , against medical advice, chooses to discontinue buprenorphine and begin extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports should be counseled to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 1 1 5 |	9	Agreement	Appropriate	
Ch11Ind7d	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	D. A bottle-feeding new mother who, against medical advice, chooses to discontinue buprenorphine and begin using extended-release injectable naltrexone, may do sounder close supervision and with increased behavioral supports.		1 2 3 | 4 5 6 | 7 8 9 | | 1 1 | 2 3 2 |	8	Agreement	Ate	
Ch11Ind8bi	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	B. A new mother who was previously stable on buprenorphine but has relapsed to opioid use should	be assessed for dose adjustment.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind8biii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	B. A new mother who was previously stable on buprenorphine but has relapsed to opioid use should	receive additional behavioral intervention.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	
Ch11Ind9ai	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on buprenorphine but has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue bottle-feeding:	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 2 6 |	9	Agreement	Appropriate	
Ch11Ind9aiii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on buprenorphine but has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	discontinue breastfeeding	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 0 | 0 3 4 |	8	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9bi	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on buprenorphine but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue bottle-feeding:	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch11Ind9ci	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on buprenorphine but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue bottle-feeding:	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch11Ind9di	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on buprenorphine but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue bottle-feeding:	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9dii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on buprenorphine but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 | 3 3 1 |	7	Agreement	Appropriate	
Ch11Ind10ai	A woman previously treated with buprenorphine whose baby experienced neonatal abstinence syndrome requests contraception.	A. A new mother stable on buprenorphine should be provided her preferred form of contraception	when bottle-feeding	1 2 3 | 4 5 6 | 7 8 9 | | 1 | | 8 |	9	Agreement	Appropriate	
Ch11Ind10aii	A woman previously treated with buprenorphine whose baby experienced neonatal abstinence syndrome requests contraception.	A. A new mother stable on buprenorphine should be provided her preferred form of contraception	when breast-feeding	1 2 3 | 4 5 6 | 7 8 9 | | 1 | | 1 7 |	9	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind1aii	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | 2 | 1 3 3 |	8	Agreement	Appropriate	
Ch12Ind1aiv	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 5 3 |	8	Agreement	Appropriate	
Ch12Ind2aii	A woman who is stable on methadone for opioid use disorder requests pain relief post-C Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C Section days 1 to 4	should not receive butorphanol, nalbuphine, or pentazocine.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 6 |	9	Agreement	Aappropriate	
Ch12Ind2aiv	A woman who is stable on methadone for opioid use disorder requests pain relief post-C Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C Section days 1 to 4	may require higher doses of opioid analgesics to experience pain relief.	1 2 3 | 4 5 6 | 7 8 9 | 1 | | 2 3 3 |	8	Agreement	Appropriate	Meyers et al., 2007
Ch12Ind3a	A woman stable on methadone is concerned about whether she should breastfeed her baby.	A. In the absence of contraindications, a woman who is stable on methadone should breastfeed.		1 2 3 | 4 5 6 | 7 8 9 | | | 1 8 |	9	Agreement	Appropriate	Abdel-Latif et al., 2006; Bakstad et al., 2009; Jansson et al., 2008

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind4ai	A woman stable on methadone has recently given birth and complains of feeling drowsy and of falling asleep holding the baby.	A. A woman on methadone who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for medical illness, relapse to substance use, and dose adjustment.	Under 21 days postpartum.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	Jones et al., 2008
Ch12Ind4aii	A woman stable on methadone has recently given birth and complains of feeling drowsy and of falling asleep holding the baby.	A. A woman on methadone who has recently given birth and is now experiencing drowsiness and falling asleep holding her baby should be assessed for medical illness, relapse to substance use, and dose adjustment.	Over 21 days postpartum.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 1 7 |	9	Agreement	Appropriate	Jones et al., 2008; Pace et al., 2014
Ch12Ind5a	A woman on methadone gave birth recently and complains of cravings.	A. A new mother who is stable on methadone and complains of cravings should receive additional behavioral interventions and be assessed for dose adjustment.		1 2 3 | 4 5 6 | 7 8 9 | | | 2 1 6 |	9	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind6a	A mother is being instructed/required by her mother/supportive housing counselor/probation officer to discontinue methadone.	A. A new mother who is stable on methadone but being instructed/required by her mother/supportive housing/corrections officer to discontinue methadone should continue to take methadone.		1 2 3 | 4 5 6 | 7 8 9 | 1 | | 3 2 3 |	8	Agreement	Appropriate	
Ch12Ind7bi	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	B. A new mother who, against medical advice, chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports and counseled to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | | 1 3 5 |	9	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind8ai	A woman on methadone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on methadone and has relapsed to opioid use, (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 3 6 |	9	Agreement	Appropriate	
Ch12Ind9ai	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on methadone and has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment and	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	
Ch12Ind9aiii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on methadone and has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment and	discontinue breast-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 2 3 3 |	8	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind9bi	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on methadone but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue the bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 6	9	Agreement	Appropriate	
Ch12Ind9ci	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on methadone but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 3 6	9	Agreement	Appropriate	
Ch12Ind9ciii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on methadone but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	discontinue breast-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 3 3	8	Agreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind9di	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on methadone but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 1 2 6 |	9	Agreement	Appropriate	
Ch12Ind9dii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on methadone but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | | 3 2 2 |	7	Agreement	Appropriate	
Ch12Ind10ai	A new mother stable on methadone requests information on contraception.	A. A new mother who is stable on methadone should be provided her preferred form of contraception and	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	
Ch12Ind10aii	A new mother stable on methadone requests information on contraception.	A. A new mother who is stable on methadone should be provided her preferred form of contraception and	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | | | 4 5 |	9	Agreement	Appropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4ai	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	A. A new mother on naltrexone who relapses to benzodiazepine/ cocaine/ methamphetamines use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 1 2 4 |	8	Agreement	Appropriate	
Ch13Ind4aii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	A. A new mother on naltrexone who relapses to benzodiazepine/ cocaine/ methamphetamines use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breast-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 | 2 2 3 |	8	Agreement	Appropriate	
Ch13Ind5ai	A woman stable on naltrexone requests contraception.	A. A new mother stable on naltrexone should be provided her preferred form of contraception	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | | 2 7 |	9	Agreement	Appropriate	
Ch13Ind5aii	A woman stable on naltrexone requests contraception.	A. A new mother stable on naltrexone should be provided her preferred form of contraception	if she is breast-feeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 | 3 5 |	9	Agreement	Appropriate	

APPENDIX E-2

"In Agreement" and "Inappropriate" rated indications* (presented by chapter)

*If there were no indications in this category for a particular chapter, the chapter is not listed

Indication #: Unique code for each indication

Scene: Setting for an indication, to give broader context

Indication: Actual procedure to be rated

Variable: An individual option for a given indication

Rating: Number of raters who selected a rating value (1–9) for a given indication

Median: Median rating score for an indication

Agreement: Final appropriateness rating of an indication "in agreement" or "in disagreement"

Appropriateness: Final rating of an indication as "appropriate" or "inappropriate"

Supporting Evidence: Citations provided to the expert panelists

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind2ai	A woman on buprenorphine finds out she is pregnant.	A. A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who becomes pregnant should be	switched to methadone.	1 2 3 | 4 5 6 | 7 8 9 | 4 3 | 1 1 | |	2	Agreement	Inappropriate	Lund et al., 2013; Meyer et al., 2015; Salisbury et al., 2012; Welle-Strand et al., 2013; Wiegand et al., 2015
Ch3Ind8aii	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	should receive adequate relief from her regular dose of buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 1 | | 1 1 |	2	Agreement	Inappropriate	

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind1b	A woman stable on methadone wants to have a baby.	B. A woman on methadone for opioid use disorder who desires pregnancy should be switched to a buprenorphine-only product.		1 2 3 | 4 5 6 | 7 8 9 | 3 5 1 | | |	2	Agreement	Inappropriate	Gaalema et al., 2012; Holbrook, 2012; Jansson et al., 2011; Jones et al., 2014; Kahila et al., 2007; Lacroix et al., 2011; Meyer et al., 2015; Salisbury et al., 2012; Welle-Strand et al., 2013
Ch4Ind8aii	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	should receive adequate relief from her regular dose of methadone.	1 2 3 | 4 5 6 | 7 8 9 | 2 3 3 | | 1 |	2	Agreement	Inappropriate	

Chapter N. Pharmacological Treatment for Newborns With Neonatal Abstinence Syndrome

Indication #	Scene	Indication	Variable #	Rating	Median	Agree	Appropriateness	Supporting Evidence
ChN_Ind1ai	A newborn who exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with non-pharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with tincture of opium.	1 2 3 | 4 5 6 | 7 8 9 | 7 1 | 1 |	1	Agreement	Inappropriate	Coyle et al., 2002; Tolia et al., 2015
ChN_Ind1avii	A newborn who exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with non-pharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with phenobarbital.	1 2 3 | 4 5 6 | 7 8 9 | 5 1 1 | 1 | 1 |	1	Agreement	Inappropriate	Coyle et al., 2002

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind1ai	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	should receive adequate relief from an increase in her regular dose of buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 2 | 1 | |	2	Agreement	Inappropriate	
Ch11Ind2ai	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	should receive adequate relief from an increase in her regular dose of buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 2 | 1 | |	2	Agreement	Inappropriate	
Ch11Ind9aii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on buprenorphine but has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breastfeeding according to current guidelines	1 2 3 | 4 5 6 | 7 8 9 | 4 3 0 | | 2 |	2	Agreement	Inappropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind1ai	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	should receive adequate relief from an increase in her regular dose of methadone.	1 2 3 | 4 5 6 | 7 8 9 | 2 3 2 | 1 | 1 |	2	Agreement	Inappropriate	
Ch12Ind2ai	A woman who is stable on methadone for opioid use disorder requests pain relief post-C-Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C-Section days 1 to 4	should receive adequate relief from an increase in her regular dose of methadone.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 4 | | |	2	Agreement	Inappropriate	
Ch12Ind2aiii	A woman who is stable on methadone for opioid use disorder requests pain relief post-C-Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C-Section days 1 to 4	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 1 | | 2 |	2	Agreement	Inappropriate	Jones et al., 2006
Ch12Ind9aii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	A. A new mother who was previously stable on methadone and has relapsed to benzodiazepine/cocaine/methamphetamines use should be assessed for both additional behavioral intervention and dose adjustment and	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 3 2 2 | | | 2 |	2	Agreement	Inappropriate	

APPENDIX E-3

"In Agreement" and "Uncertain" rated indications* (presented by chapter)

*If there were no indications in this category for a particular chapter, the chapter is not listed

Indication #: Unique code for each indication

Scene: Setting for an indication, to give broader context

Indication: Actual procedure to be rated

Variable: An individual option for a given indication

Rating: Number of raters who selected a rating value (1–9) for a given indication

Median: Median rating score for an indication

Agreement: Final appropriateness rating of an indication "in agreement" or "in disagreement"

Appropriateness: Final rating of an indication as "appropriate" or "inappropriate"

Supporting Evidence: Citations provided to the expert panelists

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind4aiii	A pregnant woman previously stable on buprenorphine complains of cravings.	A. A pregnant woman previously stable on buprenorphine for opioid use disorder who complains of cravings	should be considered for transition to methadone maintenance therapy.	1 2 3 | 4 5 6 | 7 8 9 1 | 1 2 4 | 1 |	6	Agreement	Uncertain	

Chapter 5. Opioid-Dependent Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch5Ind2ai	A pregnant woman on naltrexone comes into health provider office and presents for her next injection/refill.	A. A woman who is stable on naltrexone for opioid use disorder and becomes pregnant	should be advised to discontinue naltrexone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 5 2 | 1 |	5	Agreement	Uncertain	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7ciii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	C. A new mother who, against medical advice, chooses to discontinue buprenorphine and beginning extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports should be counseled to	discontinue breastfeeding..	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 2 4 1 | |	5	Agreement	Uncertain	

APPENDIX E-4

"In disagreement" and "Appropriate" rated indications* (presented by chapter)

*If there were no indications in this category for a particular chapter, the chapter is not listed

Indication #: Unique code for each indication

Scene: Setting for an indication, to give broader context

Indication: Actual procedure to be rated

Variable: An individual option for a given indication

Rating: Number of raters who selected a rating value (1–9) for a given indication

Median: Median rating score for an indication

Agreement: Final appropriateness rating of an indication "in agreement" or "in disagreement"

Appropriateness: Final rating of an indication as "appropriate" or "inappropriate"

Supporting Evidence: Citations provided to the expert panelists

Chapter 1. All Opioid-Dependent Pregnant Women

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind1bii	A pregnant opioid-dependent woman comes into the health center for prenatal care.	B. When gathering information about substance use from an opioid-dependent pregnant woman, education and counselling about possible _____of medication-assisted treatment and illicit drug use should be provided.	legal consequences	1 2 3 | 4 5 6 | 7 8 9 1 | 1 2 | 2 3	8	Disagreement	Appropriate	
Ch1Ind2aii	A pregnant opioid-dependent woman comes in for labor and delivery.	A. A pregnant opioid-dependent woman should be screened for other substance use at the time of delivery	by self-completed formal screening instrument.	1 2 3 | 4 5 6 | 7 8 9 1 1 | 2 | 2 3	8	Disagreement	Appropriate	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind7aiv	A pregnant woman stable on buprenorphine wants to know what she can do to help her baby not have neonatal abstinence syndrome or to have milder neonatal abstinence syndrome.	A. A pregnant woman stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who wants to decrease her dose so her baby has less withdrawal	should be advised that non-pharmacological interventions for the infant may reduce opioid withdrawal her baby may experience.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 | 2 1 2 |	7	Disagreement	Appropriate	
Ch3Ind8av	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 | 2 4 |	7	Disagreement	Appropriate	Jones et al., 2006

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind8av	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9| | 1 2 | 2 1 3|	7	Disagreement	Appropriate	Jones et al., 2006

Chapter 6. Infant Born to an Opioid-Dependent Woman Who Received No Medication-Assisted Treatment Prior to Delivery

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch6Ind8ai	An opioid-dependent mother whose child had neonatal abstinence syndrome reports her child has developmental delays and feels this is due to her opioid drug use.	A. A mother whose child has developmental delays	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 | 2 1 3 |	7	Disagreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985

Chapter 7. Infant Had Prenatal Buprenorphine Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch7Ind7ai	A mother who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother who was treated with buprenorphine while pregnant and who requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 2 4 |	7	Disagreement	Appropriate	Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004
Ch7Ind8ai	A mother, who was treated with buprenorphine during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her child's treatment.	A. A mother whose child has developmental delays	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 2 4 |	7	Disagreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985

Chapter 8. Infant Had Prenatal Methadone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch8Ind7ai	A mother who was treated with methadone and whose child had neonatal abstinence syndrome wants her child to have a developmental assessment.	A. A mother, who was treated with methadone for her opioid use disorder while pregnant, requests a developmental assessment for her child who had neonatal abstinence syndrome	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 2 4 |	7	Disagreement	Appropriate	Hans, 1989; Konijnenberg et al.2011; Lifschitz et al., 1985; Messinger et al., 2004
Ch8Ind8ai	A mother, who was treated with methadone during her pregnancy and whose child had neonatal abstinence syndrome, reports her child has developmental delays. The mother feels this is due to her treatment.	A. A mother who was treated with methadone during her pregnancy and whose child has developmental delays	should be informed that developmental problems are not a known consequence of neonatal abstinence syndrome.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 2 4 |	7	Disagreement	Appropriate	Hans, 1989; Konijnenberg et al., 2011; Lifschitz et al., 1985; Messinger et al., 2004;

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7bii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	B. A new mother who is stable on buprenorphine who chooses to discontinue buprenorphine and begin extended-release injectable naltrexone may attempt to withdraw from buprenorphine under close supervision and with increased behavioral supports should be counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 1 3 1 |	7	Disagreement	Appropriate	
Ch11Ind7cii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	C. A new mother who, against medical advice, chooses to discontinue buprenorphine and beginning extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports should be counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 1 4 |	7	Disagreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind8aii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on buprenorphine and has relapsed to opioid use should be assessed for both additional behavioral intervention and dose adjustment and counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 | 1 1 4 |	8	Disagreement	Appropriate	
Ch11Ind8aiii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on buprenorphine and has relapsed to opioid use should be assessed for both additional behavioral intervention and dose adjustment and counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 2 | 1 1 3 |	7	Disagreement	Appropriate	
Ch11Ind8bii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	B. A new mother who was previously stable on buprenorphine but has relapsed to opioid use should	be considered for transition to methadone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 1 3 1 |	7	Disagreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9bii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine /methamphetamines/marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on buprenorphine but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 1 | 1 1 4 |	8	Disagreement	Appropriate	
Ch11Ind9ciii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine /methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on buprenorphine but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 2 | 3 2 1 |	7	Disagreement	Appropriate	

Chapter 12. Opioid-Sependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind7bii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	B. A new mother who, against medical advice, chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports and counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 | 1 2 2 |	7	Disagreement	Appropriate	
Ch12Ind8aiii	A woman on methadone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on methadone and has relapsed to opioid use, (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 2 1 | 1 2 2 |	7	Disagreement	Appropriate	
Ch12Ind9biii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine / methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on methadone but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 | 1 1 4 |	8	Disagreement	Appropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind1aii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who discontinued buprenorphine after giving birth could begin naltrexone if she is abstinent from opioids. She should be advised that	she can breastfeed her infant safely.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 3 2 |	7	Disagreement	Appropriate	
Ch13Ind2aii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who discontinued methadone after giving birth could begin naltrexone if she is abstinent from opioids She should be advised that	she can breastfeed her infant safely.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 3 2 |	7	Disagreement	Appropriate	
Ch13Ind3ai	A woman on naltrexone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother on naltrexone who relapses to opioid use should receive increased behavioral interventions and be transitioned to an opioid agonist. She should be advised that	she should bottle-feed her infant.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 | | 2 1 3 |	7	Disagreement	Appropriate	
Ch13Ind4bi	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine / methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother on naltrexone who relapses to marijuana use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 | 1 | 3 2 |	7	Disagreement	Appropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4bii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine / methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother on naltrexone who relapses to marijuana use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 1 | 2 3 |	7	Disagreement	appropriate	

APPENDIX E-5

"In disagreement" and "Inappropriate" rated indications* (presented by chapter)

*If there were no indications in this category for a particular chapter, the chapter is not listed

Indication #: Unique code for each indication

Scene: Setting for an indication, to give broader context

Indication: Actual procedure to be rated

Variable: An individual option for a given indication

Rating: Number of raters who selected a rating value (1–9) for a given indication

Median: Median rating score for an indication

Agreement: Final appropriateness rating of an indication "in agreement" or "in disagreement"

Appropriateness: Final rating of an indication as "appropriate" or "inappropriate"

Supporting Evidence: Citations provided to the expert panelists

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind1b	A woman stable on buprenorphine wants to have a baby.	B. A woman on buprenorphine/naloxone for opioid use disorder who desires pregnancy should be switched to a buprenorphine-only product.		1 2 3 | 4 5 6 | 7 8 9 | 2 1 2 | 2 1 | 1 |	3	Disagreement	Inappropriate	
Ch3Ind2aii	A woman on buprenorphine finds out she is pregnant.	A. A woman on buprenorphine (or buprenorphine/naloxone) for opioid use disorder who becomes pregnant should be	switched to a buprenorphine-only product.	1 2 3 | 4 5 6 | 7 8 9 | 1 4 | 2 | 2 |	3	Disagreement	Inappropriate	Lund et al., 2013
Ch3Ind8aiii	A woman stable on buprenorphine in labor requests pain relief.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief during labor	should receive adequate relief from an increase in her regular dose of buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 3 2 | 3 | 1 |	2	Disagreement	Inappropriate	

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind8aiii	A woman stable on methadone in labor requests pain relief.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief during labor	should receive adequate relief from an increase in her regular dose of methadone.	1 2 3 | 4 5 6 | 7 8 9 | 2 2 2 | 2 | 1 |	3	Disagreement	Inappropriate	

Chapter N. Pharmacological Treatment for Newborns With Neonatal Abstinence Syndrome

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
ChN_Ind1av	A newborn who exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with clonidine.	1 2 3 | 4 5 6 | 7 8 9 | 2 2 2 | 1 1 | 1 |	3	Disagreement	Inappropriate	Tolia et al., 2015

Chapter 11. Opioid-dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind1aiii	A woman who is stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 3 3 | | 2 1 |	3	Disagreement	Inappropriate	Jones et al., 2006
Ch11Ind2aiii	A woman is stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 2 2 2 | | 2 1 |	3	Disagreement	Inappropriate	
Ch11Ind2av	A woman is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief post-C-section.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for post-C-section days 1 to 4	should receive adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 3 | | 1 2 |	3	Disagreement	Inappropriate	Jones et al., 2006

Chapter 11. Opioid-dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind8ai	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on buprenorphine and has relapsed to opioid use should be assessed for both additional behavioral intervention and dose adjustment and counseled to	continue bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 | 1 1 | 1 1 |	2	Disagreement	Inappropriate	
Ch11Ind9bii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on buprenorphine but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 1 | 0 0 1 | 1 1 0 |	2	Disagreement	Inappropriate	
Ch11Ind9cii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on buprenorphine but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 2 | 1 | 1 1 |	3	Disagreement	Inappropriate	

Chapter 11. Opioid-dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9diii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on buprenorphine but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 4 1 | 1 1 | 1 |	2	Disagreement	Inappropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind1aiii	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	should receive adequate relief from administration of a standard dose of an opioid analgesic.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 2 | 1 | 2 1 |	3	Disagreement	Inappropriate	
Ch12Ind9bii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother who was previously stable on methadone but has relapsed to marijuana use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 1 | 1 | 2 |	2	Disagreement	Inappropriate	
Ch12Ind9cii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on methadone but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 2 | 1 | 2 |	3	Disagreement	Inappropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind9diii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/ cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on methadone but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 2 | 1 1 | 2 |	3	Disagreement	Inappropriate	
Ch12Ind10aiii	A new mother stable on methadone requests information on contraception.	A. A new mother who is stable on methadone should be provided her preferred form of contraception and	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 4 1 1 | 1 | 2 |	2	Disagreement	Inappropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4dii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/ cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother on naltrexone who relapses to tobacco use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 3 | 3 | 1 |	3	Disagreement	Inappropriate	

APPENDIX E-6

"In disagreement" and "Uncertain" rated indications* (presented by chapter)

*If there were no indications in this category for a particular chapter, the chapter is not listed

Indication #: Unique code for each indication

Scene: Setting for an indication, to give broader context

Indication: Actual procedure to be rated

Variable: An individual option for a given indication

Rating: Number of raters who selected a rating value (1–9) for a given indication

Median: Median rating score for an indication

Agreement: Final appropriateness rating of an indication "in agreement" or "in disagreement"

Appropriateness: Final rating of an indication as "appropriate" or "inappropriate"

Supporting Evidence: Citations provided to the expert panelists

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind6aii	A woman stable on buprenorphine becomes pregnant and wishes to be withdrawn from medication.	A. A pregnant woman stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder who wishes to be withdrawn from medication	should be advised that medically supervised withdrawal from medication-assisted treatment can be undertaken during the second trimester, if the benefits outweigh the risks.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 2 | 3 1 |	6	Disagreement	Uncertain	
Ch3Ind10ai	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder relapses to opioid use	should be transferred to methadone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 4 1 | 2 1 |	5	Disagreement	Uncertain	

Chapter 4. Opioid-Dependent Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch4Ind6aii	A woman stable on methadone becomes pregnant and wishes to be withdrawn from medication.	A. A pregnant woman stable on methadone for opioid use disorder who wishes to be withdrawn from medication	should be advised that medically supervised withdrawal from medication-assisted treatment can be undertaken during the second trimester, if the benefits outweigh the risks.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 2 | 4 |	6	Disagreement	Uncertain	Ruwanpathirana et al., 2015

Chapter 5. Opioid-Dependent Women on Naltrexone

Indicator #	Scene	Indicator	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch5Ind1ai	A woman stable on naltrexone wants to have a baby.	A. A woman who is stable on naltrexone for opioid use disorder and desires pregnancy should be advised to discontinue naltrexone and	begin treatment with an opioid agonist.	1 2 3 | 4 5 6 | 7 8 9 | | 4 2 | 2 1 |	6	Disagreement	Uncertain	
Ch5Ind1aii	A woman stable on naltrexone wants to have a baby.	A. A woman who is stable on naltrexone for opioid use disorder and desires pregnancy should be advised to discontinue naltrexone and	begin non-medication-assisted treatment	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 3 1 | 1 1 1 |	5	Disagreement	Uncertain	
Ch5Ind2aii	A pregnant woman on naltrexone comes into health provider office and presents for her next injection/refill.	A. A woman who is stable on naltrexone for opioid use disorder and becomes pregnant	should be advised to discontinue naltrexone and begin medication assisted treatment with either methadone or buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 4 1 | 1 1 |	5	Disagreement	Uncertain	

Chapter N. Pharmacological Treatment for Newborns With Neonatal Abstinence Syndrome

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
ChN_Ind1aiii	A newborn who exhibits symptoms of neonatal abstinence syndrome.	An infant who exhibits moderate to severe signs of neonatal abstinence syndrome should be managed with nonpharmacologic interventions in a formal protocol for neonatal abstinence syndrome	and, when needed, pharmacotherapy with sublingual buprenorphine.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 3 2 | 1 1 |	5	Disagreement	Uncertain	Tolia et al., 2015

Chapter 9. Infant Had Prenatal Naltrexone Exposure

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch9Ind1ai	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	A. A mother who requests a developmental assessment for her child because she became pregnant while being treated with naltrexone for opioid use disorder	should be informed that intrauterine naltrexone exposure is not known to be associated with subsequent developmental problems.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 4 | 2 1 |	6	Disagreement	Uncertain	
Ch9Ind1bi	A mother who had naltrexone treatment until late in her pregnancy term wants to know the impact on her infant.	B. A mother who was treated with naltrexone whose child now has developmental delay	should be informed that intrauterine naltrexone exposure is not known to be associated with subsequent developmental problems.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 3 | 2 2 |	6	Disagreement	Uncertain	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind1av	A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder requests pain relief for postpartum days 1 to 3.	A. A woman who is stable on buprenorphine (or buprenorphine/naloxone) for opioid use disorder and requests pain relief for postpartum days 1 to 3	should receive adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 1 | 1 2 | 1 2 |	6	Disagreement	Uncertain	Jones et al., 2006
Ch11Ind5aii	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings should	be considered for transition to methadone.	1 2 3 | 4 5 6 | 7 8 9 | | 2 4 | 3 |	6	Disagreement	Uncertain	
Ch11Ind5aiii	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings should	be considered for transition to naltrexone.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 | 2 2 | 2 |	5	Disagreement	Uncertain	
Ch11Ind7a	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who is stable on buprenorphine and chooses to discontinue buprenorphine and begin extended-release injectable naltrexone should be advised to continue buprenorphine.		1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 1 | 1 2 1 |	6	Disagreement	Uncertain	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7biii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	B. A new mother who is stable on buprenorphine who chooses to discontinue buprenorphine and begin extended-release injectable naltrexone may attempt to withdraw from buprenorphine under close supervision and with increased behavioral supports should be counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 | 2 1 | 1 1 |	5	Disagreement	Uncertain	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind1av	A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief postpartum days 1 to 3	should receive adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 3 | 3 1 |	6	Disagreement	Uncertain	Jones et al., 2006
Ch12Ind2av	A woman who is stable on methadone for opioid use disorder requests pain relief post-C-Section.	A. A woman who is stable on methadone for opioid use disorder and requests pain relief post-C-Section days 1 to 4	should receive adequate relief from administration of a standard dose of a nonsteroidal analgesic or acetaminophen.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 1 | 1 1 | 2 1 |	5	Disagreement	Uncertain	Jones et al., 2006
Ch12Ind7a	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who is stable on methadone and chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports.		1 2 3 | 4 5 6 | 7 8 9 | 2 | 1 1 1 | 2 1 1 |	6	Disagreement	Uncertain	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind7biii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	B. A new mother who, against medical advice, chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports and counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 3 2 | 1 |	5	Disagreement	Uncertain	
Ch12Ind8aii	A woman on methadone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on methadone and has relapsed to opioid use, (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 1 | 2 | 1 2 |	6	Disagreement	Uncertain	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind1ai	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who discontinued buprenorphine after giving birth could begin naltrexone if she is abstinent from opioids. She should be advised that	she should bottle-feed her infant.	1 2 3 | 4 5 6 | 7 8 9 | 3 1 | 1 | 1 2 1 |	5	Disagreement	Uncertain	
Ch13Ind2ai	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who discontinued methadone after giving birth could begin naltrexone if she is abstinent from opioids She should be advised that	she should bottle-feed her infant.	1 2 3 | 4 5 6 | 7 8 9 | 3 1 | 1 | 1 2 1|	5	Disagreement	Uncertain	
Ch13Ind3aii	A woman on naltrexone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother on naltrexone who relapses to opioid use should receive increased behavioral interventions and be transitioned to an opioid agonist. She should be advised that	she can breastfeed her infant safely.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 1 | 1 | 2 2 |	5	Disagreement	Uncertain	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4di	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/ cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother on naltrexone who relapses to tobacco use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 1 | 2 | 1 3 |	5	Disagreement	Uncertain	

APPENDIX E-7

Deferred indications* (presented by chapter)

*If there were no indications in this category for a particular chapter, the chapter is not listed

Indication #: Unique code for each indication

Scene: Setting for an indication, to give broader context

Indication: Actual procedure to be rated

Variable: An individual option for a given indication

Rating: Number of raters who selected a rating value (1–9) for a given indication

Median: Median rating score for an indication

Agreement: Final appropriateness rating of an indication "in agreement" or "in disagreement"

Appropriateness: Final rating of an indication as "appropriate" or "inappropriate"

Supporting Evidence: Citations provided to the expert panelists

Chapter 1. All Opioid-Dependent Pregnant Women

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch1Ind2aii	A pregnant opioid-dependent woman comes in for labor and delivery.	A. A pregnant opioid-dependent woman should be screened for other substance use at the time of delivery	by self-completed formal screening instrument.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 2 | 2 3 |	8	Disagreement	Appropriate	

Chapter 3. Opioid-Dependent Women on Buprenorphine

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch3Ind10ai	A pregnant woman, once on buprenorphine treatment, relapses to opioid use (prescription or illicit).	A. A pregnant woman who was previously stable on buprenorphine (or buprenorphine/ naloxone) for opioid use disorder relapses to opioid use	should be transferred to methadone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 4 1 | 2 1 |	5	Disagreement	Uncertain	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind5aii	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings should	be considered for transition to methadone.	1 2 3 | 4 5 6 | 7 8 9 | | 2 4 | 3 |	6	Disagreement	Uncertain	
Ch11Ind5aiii	A woman on buprenorphine gave birth recently and complains of cravings.	A. A new mother who is stable on buprenorphine and complains of cravings should	be considered for transition to naltrexone.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 | 2 2 | 2 |	5	Disagreement	Uncertain	
Ch11Ind7a	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who is stable on buprenorphine and chooses to discontinue buprenorphine and begin extended-release injectable naltrexone should be advised to continue buprenorphine.		1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 1 | 1 2 1 |	6	Disagreement	Uncertain	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind7cii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	C. A new mother who , against medical advice, chooses to discontinue buprenorphine and beginning extended-release injectable naltrexone, may do so under close supervision and with increased behavioral supports should be counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 1 4 |	7	Disagreement	Appropriate	
Ch11Ind7ciii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	C. A new mother who , against medical advice, chooses to discontinue buprenorphine and beginning extended-release injectable naltrexone, may to do under close supervision and with increased behavioral supports should be counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 2 4 1 | |	5	Agreement	Uncertain	
Ch11Ind8bii	A woman on buprenorphine who gave birth 6 weeks ago relapses to opioid use.	B. A new mother who was previously stable on buprenorphine but has relapsed to opioid use should	be considered for transition to methadone.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 1 3 1 |	7	Disagreement	Appropriate	

Chapter 11. Opioid-Dependent Postnatal Women on Buprenorphine

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch11Ind9cii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on buprenorphine but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 2 | 1 | 1 1 |	3	Disagreement	Inappropriate	
Ch11Ind9ciii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on buprenorphine but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 2 | 3 2 1 |	7	Disagreement	Appropriate	
Ch11Ind9diii	A woman on buprenorphine who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/methamphetamines/marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on buprenorphine but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	discontinue breastfeeding	1 2 3 | 4 5 6 | 7 8 9 | 1 4 1 | 1 1 | | 1 |	2	Disagreement	Inappropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind7a	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who is stable on methadone and chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports.		1 2 3 | 4 5 6 | 7 8 9 | 2 | 1 1 1 | 2 1 1 |	6	Disagreement	Uncertain	
Ch12Ind7bii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	B. A new mother who, against medical advice, chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports and counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 1 2 | 1 2 2 |	7	Disagreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind7biii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	B. A new mother who, against medical advice, chooses to discontinue methadone and begin extended-release injectable naltrexone may attempt to withdraw from methadone under close supervision and with increased behavioral supports and counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 3 2 | 1 |	5	Disagreement	Uncertain	
Ch12Ind8aii	A woman on methadone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on methadone and has relapsed to opioid use (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 1 | 2 | 1 2 |	6	Disagreement	Uncertain	
Ch12Ind8aiii	A woman on methadone who gave birth 6 weeks ago relapses to opioid use.	A. A new mother who was previously stable on methadone and has relapsed to opioid use (in addition to being assessed for both behavioral intervention and dose adjustment) should be counseled to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | | 1 2 1 | 1 2 2 |	7	Disagreement	Appropriate	

Chapter 12. Opioid-Dependent Postnatal Women on Methadone

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch12Ind9cii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	C. A new mother who was previously stable on methadone but has relapsed to alcohol use should be assessed for both additional behavioral intervention and dose adjustment, and advised to	continue breastfeeding according to current guidelines.	1 2 3 | 4 5 6 | 7 8 9 | 1 3 2 | 1 | 2 |	3	Disagreement	Inappropriate	
Ch12Ind9diii	A woman on methadone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother who was previously stable on methadone but has relapsed to tobacco use should be assessed for both additional behavioral intervention and dose adjustment and advised to	discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 2 1 2 | 1 1 | 2 |	3	Disagreement	Inappropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind1ai	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who discontinued buprenorphine after giving birth could begin naltrexone if she is abstinent from opioids. She should be advised that	she should bottle-feed her infant.	1 2 3 | 4 5 6 | 7 8 9 | 3 1 | 1 | 1 2 1 |	5	Disagreement	Uncertain	
Ch13Ind1aii	A woman who gave birth 6 weeks ago wants to discontinue buprenorphine and begin extended-release injectable naltrexone.	A. A new mother who discontinued buprenorphine after giving birth could begin naltrexone if she is abstinent from opioids. She should be advised that	she can breastfeed her infant safely.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 3 2 |	7	Disagreement	Appropriate	
Ch13Ind2ai	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who discontinued methadone after giving birth could begin naltrexone if she is abstinent from opioids. She should be advised that	she should bottle-feed her infant.	1 2 3 | 4 5 6 | 7 8 9 | 3 1 | 1 | 1 2 1 |	5	Disagreement	Uncertain	
Ch13Ind2aii	A woman who gave birth 6 weeks ago wants to discontinue methadone and begin extended-release injectable naltrexone.	A. A new mother who discontinued methadone after giving birth could begin naltrexone if she is abstinent from opioids She should be advised that	she can breastfeed her infant safely.	1 2 3 | 4 5 6 | 7 8 9 | 1 | 2 1 | 3 2 |	7	Disagreement	Appropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4bi	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother on naltrexone who relapses to marijuana use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 2 | 1 | 3 2 |	7	Disagreement	Appropriate	
Ch13Ind4bii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	B. A new mother on naltrexone who relapses to marijuana use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 1 | 2 3 |	7	Disagreement	Appropriate	
Ch13Ind4ci	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	C. A new mother on naltrexone who relapses to alcohol use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 | 1 | 3 1 2 |	7	Disagreement	Appropriate	

Chapter 13. Opioid-Dependent Postnatal Women on Naltrexone

Indication #	Scene	Indication	Variable #	Rating	Median	Agreement	Appropriateness	Supporting Evidence
Ch13Ind4di	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother on naltrexone who relapses to tobacco use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	if she is bottle-feeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 1 | 2 | 1 3 |	5	Disagreement	Uncertain	
Ch13Ind4dii	A woman on naltrexone who gave birth 6 weeks ago relapses to benzodiazepine/cocaine/ methamphetamines/ marijuana/alcohol and/or tobacco use.	D. A new mother on naltrexone who relapses to tobacco use should receive increased behavioral interventions and consideration should be given to transitioning her to an opioid agonist	and she should discontinue breastfeeding.	1 2 3 | 4 5 6 | 7 8 9 | 1 1 3 | 3 | 1 |	3	Disagreement	Inappropriate	